

# Young people's perceptions of Novel Psychoactive Substances

JODIE MARY FREEMAN

B.Sc. (Hons) Psychology., M.Sc. Investigative and Forensic Psychology.

A thesis submitted in partial fulfilment of the  
requirements of the University of Wolverhampton  
for the degree of Professional Doctorate in Health and Wellbeing

This work or any part thereof has not previously been presented in any form to the University or to any other body whether for the purposes of assessment, publication or for any other purpose (unless otherwise indicated). Save for any express acknowledgements, references and/or bibliographies cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and of no other person.

The right of Jodie Mary Freeman to be identified as author of this work is asserted in accordance with ss.79 and 78 of the Copyright, Designs and Patents Act 1988. At this date copyright is owned by the author.

Signature.....

Date.....

## **Abstract**

Novel Psychoactive Substances (NPS) also known as “legal highs” replicate the effects of illegal substances such as ecstasy and cocaine. The most common NPS reported are stimulants and synthetic cannabinoids. Despite the Psychoactive Ban (2016) recent reports identified the UK as having the largest market of NPS use anywhere in Europe. These substances have a short history of consumption and consequently little is known about their effects and health implications.

Despite this, the sale of NPS is easily achieved through the internet and street dealers. Increased reports of negative health consequences from NPS consumption and research findings highlighting the willingness of young people to consume drugs without knowing what they are, mean it is vital that we investigate young people’s understandings and perceptions of them. At present there are very few in-depth qualitative studies on NPS.

A series of 7 focus groups with a range of young people (40=N: aged 16- 24 years) across the Merseyside area were carried out. Research sites included colleges, youth groups, supported living accommodations, and youth drug and alcohol services. Focus group interviews explored participants’ perceptions of NPS and were followed up with a few semi structured interviews with selected participants.

The direction of the study focused on mainly on synthetic cannabinoids which may reflect the age of the study’s population. Using thematic analysis informed by a social constructionist perspective, three main themes were identified around stigma and identity, attractive features of NPS and risk. Findings showed that young people’s perceptions of these substances were dependent on their level of experience with illegal substances and NPS. A novel finding was that synthetic cannabinoid use is employed in the normalisation of cannabis use.

Local, national and policy recommendations are made on how youth and health services in both educational and specialised services could work more closely and effectively with young people NPS. They also identify a need among young

people for specific guidelines on how to use the Internet and Print media in relation to previous knowledge and experience.

## Acknowledgements

This study would not have been possible without the involvement and support from many people. I would like to take a little time to thank them and to mention the part they have all played in helping me to survive and finish this journey.

At the start of my doctorate journey I was inspired by Dr Dee Drew and my colleagues in the clinical team, who in part are responsible for my decision to take on this project. Their ambition and encouragement were infectious, thank you.

I would like to thank the participants in this study who gave their time and encouragement while I was completing fieldwork and who I hope in time along with the young people's services that participated in this study, may experience some benefits if the recommendations in this study are taken forward. I would also like to pay a special thanks to Conrad Foote, a youth manager for Young Addaction who supported the young people and staff by providing invaluable and useful information in the complex area of NPS and also for his continual support of this project.

I would like to pay special thanks to Dr Pauline Fuller who arrived just at the right time and provided me with wise guidance, patience, encouragement and inspiration. A special thanks to my second supervisor who survived the entire journey with me, your help and support kept me going through the good and the bad, I can never thank you both enough.

Lastly, to my wonderful partner Marco, without his patience, his amazing sense of humour and never-ending support I may never have found the resources to keep going. To my parents, who have guided and supported me my whole life, thank you. To my hard working and supportive friends who have inspired me and encouraged me never to give up and to the friends that although might not be by my side gave me the determination and strength to finish this.

# CONTENTS

Abstract.....	2
Acknowledgements.....	3
CONTENTS .....	4
List of Appendices.....	8
Glossary.....	9
 <b>Chapter 1. Introduction</b>	
1.1 Introduction .....	10
1.2. The research background .....	11
1.2.1 Young people and substance use.....	11
1.2.2 History of NPS.....	12
1.2.3 Defining NPS.....	12
1.2.4 Prevalence of NPS use .....	14
1.2.5 The Government's response to NPS: Early warning systems .....	15
1.3 Rationale for the research.....	16
1.4 Direction of the study .....	18
1.5 The change in the legal status of NPS during the study .....	20
1.6 Overview of chapters .....	21
 <b>Chapter 2. Literature Review</b>	
2.1 Introduction .....	23
2.2 The impact of the legal status on NPS.....	23
2.3 Attractive features of NPS.....	26
2.4 The consideration of risk and NPS.....	29
2.4.1 The relationship between perceptions of risk, identity and NPS.....	33
2.4.2 The relationship between risk, stigma, normalisation and labelling .....	35
2.4.3 Stigma develops into moral panic.....	39
2.5 Sources of information on NPS.....	40
2.5.1 Internet as a source of information on NPS.....	41
2.5.2 The media as a source of information on NPS.....	42
2.6 Gaps in academic and professional knowledge of NPS.....	45
2.7 Conclusion .....	46

## **Chapter 3. Methodology and methods**

3.1 Introduction .....	47
3.2 Theoretical approach / methodology .....	47
3.2.1 Ontological and epistemological assumptions.....	47
3.2.2 Theoretical assumptions .....	48
3.2.3 The nature of social constructionist knowledge in relation to this study.....	499
3.3 Research topic and research questions .....	51
3.3.1 Research objectives and questions.....	51
3.3.2 The choice of qualitative methodology and methods.....	52
3.4 Research ethics .....	53
3.4.1 Beneficence and non-maleficence .....	53
3.4.2 Respect for human dignity.....	54
3.4.3 Justice – fair treatment, privacy, confidentiality and data protection issues .....	57
3.5 Ethical approval .....	58
3.6 Sampling strategy, recruitment and sample characteristics .....	59
3.7 Data collection .....	62
3.7.1 Development of focus group interview schedule .....	63
3.7.2 Research settings.....	64
3.7.3 A practice focus group.....	64
3.8 The focus groups .....	64
3.8.1 Group 1: Supported living accommodation .....	64
3.8.2 Group 2: Supported living accommodation .....	65
3.8.3 Group 3: Educational peer group .....	65
3.8.4 Group 4: Educational peer group .....	66
3.8.5 Group 5: Supported living accommodation .....	66
3.8.6 Group 6: Supported living accommodation .....	66
3.8.7 Group 7: Youth club focus group.....	67
3.8.8 Overall.....	68
3.9 Follow up interviews.....	68
3.10 Demographic information .....	69
3.11 Data analysis .....	70
3.11.1 Transcribing .....	70
3.11.2 Thematic analysis.....	70

3.11.3 Analysis .....	71
3.11.4 Nvivo guided thematic analysis .....	72
3.11.5 Finalised list of themes and sub themes .....	75
3.11.6 Discussion of the thematic analysis process .....	77
3.12 Researcher positionality .....	78
3.13 Trustworthiness .....	81
3.14 Reflexivity .....	82
3.15 Conclusion .....	83

## **Chapter 4. Analysis: Stigma**

4.1 Introduction .....	86
4.2 Synthetic cannabinoid users as an irresponsible group of drug users .....	86
4.3 Synthetic cannabinoid users as a vulnerable group of drug users .....	91
4.4 Stigmatising users of NPS: Young people with little or no experience of substances .....	94
4.5 Possible implications of the presence of stigma within the focus groups .....	97
4.6 Conclusion .....	97

## **Chapter 5. Analysis: Attractiveness**

5.1 Introduction .....	98
5.2 Attractiveness and availability .....	98
5.3 Attractiveness and legal status .....	101
5.4 Attractiveness and cost, dosage levels and unknown effects .....	102
5.5 Conclusion .....	104

## **Chapter 6. Analysis: Risk**

6.1 Introduction .....	106
6.2 Perceived consequences: Health .....	106
6.3 Perceived consequences: Risk to safety .....	109
6.4 Perceived consequences: Safety of SC compared to illegal substances .....	111
6.5 Perceived consequences: Legal issues, more risk more fun and sources of knowledge .....	113
6.6 Perceived consequences and the knowledge acquisition of NPS .....	114
6.7 Conclusion .....	120

## **Chapter 7. Young peoples accounts of synthetic cannabinoids**

7.1 Introduction .....	122
7.2 Stigma and SC users as an irresponsible group .....	122
7.3 Stigma and SC users as a vulnerable group.....	125
7.4 Stigma and NPS: Young people with little or no experience .....	127
7.5 Attractiveness of SC, availability and the legal status .....	128
7.6 Attractiveness of SC in relation to cost, dosage level and unknown effects.....	130
7.7 What the study did not find in relation to attractiveness in the literature .....	130
7.8 Perception of risk in relation to health and safety.....	131
7.9 Risk and external factors.....	132
7.10 Risk and Illegal drugs, the legal status and positive risk .....	134
7.11 Risk and the knowledge acquisition of NPS.....	136
7.12 Conclusion .....	139

## **Chapter 8. Contributions to knowledge and practical recommendations**

8.1 Introduction .....	140
8.2 Contributions to knowledge.....	140
8.2.1 Stigma .....	140
8.2.2 Attractiveness.....	142
8.2.3 Risk .....	143
8.2.4 Summary of contributions to knowledge.....	
8.3 Strengths and limitations.....	145
8.4 Implications for future research.....	149
8.5 Recommendations for professional practice .....	150
8.5.1 Local recommendations .....	150
8.5.2 National recommendations.....	152
8.5.3 Policy recommendations .....	154
8.6 Overall conclusion.....	156
References .....	158



## **List of Appendices**

Appendix 1. The literature search .....	171
Appendix 2. Participant Information Sheet (PIS) .....	178
Appendix 3. Consent form .....	180
Appendix 4. Ground rules .....	181
Appendix 5. Coding process of organisations and participants.....	182
Appendix 6. Final ethics approval letter .....	183
Appendix 7. Permission from Children and Young People's Department .....	184
Appendix 8. Letters of approval from participating organisations.....	185
Appendix 9. Example of researchers focus group notes.....	188
Appendix 10. Example page in reflexive diary .....	189
Appendix 11. Focus group interview schedule (Final).....	191
Appendix 12. Media stories.....	193
Appendix 13. Initial focus group interview schedule.....	194
Appendix 14. Demographic Questionnaire .....	186
Appendix 15. Example of focus group transcript.....	197
Appendix 16. Manually annotated transcript .....	198
Appendix 17. Steps of <i>NVivo</i> guided thematic analysis .....	201
Appendix 18. Initial coding of transcript .....	202
Appendix 19. <i>NVivo</i> data extract.....	203

## Glossary

**Ayahuasca:** psychoactive brew is used as a traditional spiritual medicine in ceremonies among the Indigenous peoples of the Amazon basin

**BZP-pills:** Benzylpiperazine (BZP) is a recreational drug with euphoriant and stimulant properties. The effects produced by BZP are comparable to those produced by amphetamine

**Cannabis:** the most commonly used illicit drug; considered a soft drug, it consists of the dried leaves of the hemp plant; smoked or chewed for euphoric effect

**Cocaine:** also known as coke, is a strong synthetic stimulant mostly used as a recreational drug

**Ecstasy:** methylenedioxymethamphetamine - a stimulant drug that is chemically related to mescaline and amphetamine and is used illicitly for its euphoric and hallucinogenic effects

**Ketamine:** a synthetic compound used as an anaesthetic and analgesic drug and (illicitly) as a hallucinogen

**LSD:** Lysergic Acid Diethylamide. A synthetic crystalline compound which is a powerful hallucinogenic drug.

**Mephedrone:** Previously popular “legal high” also known as 4-methyl methcathinone (4-MMC) or 4-methylephedrone (banned in UK March 2010). is a synthetic stimulant drug of the amphetamine and cathinone classes. Slang names include **bath salts**, M-CAT, White Magic and meow meow

**(meth)Amphetamine:** a synthetic, addictive, mood-altering drug, used illegally as a stimulant.

**Opium:** is a powerful drug made from the juice or sap of a type of poppy. Opium is used in medicines that relieve pain or help someone sleep

**Peyote:** a hallucinogenic drug containing mescaline that is derived from the dried discoid tops of a cactus (*Lophophora williamsii*) and is used especially in the religious ceremonies of some American Indian peoples

**Tetrahydrocannabinol (THC):** refers to a psychotropic cannabinoid and is the principal psychoactive constituent of cannabis. Stronger doses of THC are being used in more recent times

# **Chapter I. Introduction**

## **1.1 Introduction**

Over the last decade, there have been significant changes in the British drug scene which has experienced a rapid increase in popularity of Novel Psychoactive Substances (NPS). Research into NPS is necessary to understand the complexity and nature of this varied group of substances. There is a growing knowledge base on the effects of some NPS however due to the ever-changing nature of these substances more information on how these substances are perceived particularly by young people and what factors influence these perceptions is needed. For the purposes of this study a young person is defined as between the ages of 16-24 years old and perception/s refers to the belief or opinion held by an individual or a group of individuals. More information about what young people need and how they perceive these substances could assist young peoples' health and specialised drug services to work better and more closely with young people. Current research is necessary to highlight the position, nature and perception of these evolving substances to help local and national services in their response to effects of NPS use.

This chapter provides the foundation for the thesis by introducing the research background, presenting NPS in their socio-historical context. Firstly, an overview of young people and substance use is given, followed by a focus on the history of NPS, particularly the legislation and governmental responses to the increasing popularity of these substances. This chapter will also clarify the definition of these substances, highlighting contentious issues with their categorisation alongside the consideration of the impact in the change in legal status and possible implications. Finally, a brief overview of the thesis will be provided.

## **1.2. The research background**

### **1.2.1 Young people and substance use**

There is well documented history of young people and substance use all over the world. In the UK, findings from population surveys show that some 50% of young people between the ages of 16 and 24 years have used an illicit drug on at least one occasion of their lives (Dargan and Wood, 2013). Alcohol and nicotine are generally found to be the most widely used legal substances (Degenhardt et al., 2016). The most prevalent illegal drug use is cannabis, followed by amphetamines, LSD and ecstasy (Alhyas et al., 2015). Substantial variation is evident between countries in the levels, types and combinations of substance use in young people, indicating that their use of substances depends on social context, drug availability and personal characteristics (Degenhardt et al., 2016).

Some typical characteristics of adolescence such as breaking the rules, strong sensation seeking behaviour and a tendency towards defiance and rebellion are often connected to experimentation with psychoactive substances (Manna, Casiglia and Farcai, 2010). Some researchers agree that the occasional use of both legal and illegal substances during adolescence can be considered 'transient recreational use or a transient experimental period' (Manna, Casiglia and Farcai, 2010 Pg. 29). This is particularly well documented in relation to cannabis use, for example in the United States 45% of adolescents have tried cannabis once before they leave high school (National Institute on Drug Use, 2016). However, in the last decade there has been a rise in availability of synthetic psychoactive substances and ecstasy is now one of the most popular substances young people experiment with.

An abundance of research now suggests that adolescent substance use is an escalating global problem linked to a range of risky behaviours including sexual activities, criminality and overdosing (Manna, Casiglia and Farcai, 2010). In young adult males (20-24 years), alcohol and illicit drug use are responsible for 14% of total health burden (National Institute on Drug Abuse, 2014). With this increasing trend of substance abuse among young people, medical professionals

have become key persons in the provision of care for those persons exhibiting problems related to use.

### **1.2.2 History of NPS**

NPS commonly referred to as “legal highs” have been used for hundreds of years by indigenous groups (Coomber et al., 2013). Some naturally occurring legal highs have been used in different cultures as part of social rituals and ceremonies, other legal highs are widely used in the treatment of human ills such as “peyote” or “Ayahuasca” and each is entrenched in its own unique history (Coomber et al., 2013). However more recently, studies have found that a range of these substances are currently being used again in a more recreational context (Power, 2013), primarily motivated by pleasure, with higher dosages and where more potent routes of administration are utilised (Power, 2013). These substances imitate the effects of existing illegal drugs such as cocaine, (meth)amphetamines, ecstasy, cannabis, ketamine or opium (Arunotayanun and Gibbons, 2012).

This second wave of NPS from the late 1980’s is associated with recreational use and was linked to other club drugs such as ecstasy and cocaine (Power, 2013). Before this, for most of the decade, an average of four or five new legal substances came on to the market each year and were mainly associated with specific underground subcultures (Power, 2013). This pattern remained consistent until the substance mephedrone appeared as a cheap and legal drug easily available online. In 2010, mephedrone was the fourth most popular drug on the market, after cannabis, cocaine and ecstasy. It was banned in April 2010 but not before a new market had emerged for online legal highs.

### **1.2.3 Defining NPS**

NPS is the most recent term for these substances. The Advisory Council of the Misuse of Drugs (ACMD) define NPS as ‘psychoactive drugs which are not prohibited by the United Nations Single Convention on Narcotic Drugs or by the Misuse of Drugs Act, 1971, and which people in the UK are seeking for intoxicant

use' (ACMD, 2011). Previously these substances have been referred to as designer drugs, smart drugs, herbal highs and research chemicals however, given the range of substances, different countries have used various labels. More recently they have also been referred to as New Psychoactive Substances however this was changed to Novel as in reality most of the substances encountered were first synthesized many years ago and are back on the market (EMCDDA, 2016). Although NPS is the most scientifically accurate up to date term used in the academic literature the term "legal highs" is still commonly used to refer to these substances particularly in the media and in most grey literature. The term legal high gives no indication of what these substances are and the definition itself presents many issues.

It is inaccurate or misleading to define these substances as legal (Corraza et al., 2013). The compounds are classed as legal substances as they are not sold for human consumption, instead they are being sold as 'bath salts', 'plant food', 'collectable research chemicals'. The definition could mislead young and vulnerable people who are not always aware of new drug legislation (Corazza et al., 2013). The term invokes a positive image, without criminal risks, and can mislead regarding the safety of these substances and hence attract more potential users.

For the purposes of this thesis, the term NPS will be used to define the range of substances in the literature that are not scheduled by the UN drugs convention and yet imitate the effects of illegal drugs. These substances come in many forms: as natural compounds; as plants; as plant or fungal extracts; as semi synthetic substances; as research chemicals completely manufactured in a laboratory. They are available as tablets, powders, oils, mixtures and crystals and can be ingested in many ways by being swallowed, snorted, injected or smoked. NPS fall broadly into four categories:

- 1) Products with names which give no indication of what they contain (ACMD, 2011)
- 2) Named and specific substances which are designed to be pharmacologically or chemically similar to known specific controlled drugs (ACMD, 2011)
- 3) Substances related to medicines (ACMD, 2011)
- 4) Herbal and fungal materials and their extracts (ACMD, 2011)

#### **1.2.4 Prevalence of NPS use**

The prevalence and epidemiology of NPS use is difficult to ascertain because there is a lack of common definitions to describe them, so they may be recorded incorrectly or inconsistently (Corazza et al., 2013). There is a lack of appropriate methodologies to assess prevalence behaviours; particularly in the use of NPS powders, which are often misidentified or mispackaged (Sumnall, McVeigh and Evans-Brown, 2011). Users cannot report accurately what they consumed unless purchased from a retailer that keeps accurate records (Sumnall, McVeigh and Evans-Brown, 2011). In addition, the temporary class drug order may ban specific substances, but it is impossible to ban all of them and manufacturers continually change the formulae, making it impossible to keep track of each substance or record any history of its use (Sumnall, McVeigh and Evans-Brown, 2011). Every time a substance is banned another similar variation is released almost straightaway (Sumnall, McVeigh and Evans-Brown, 2011).

Most prevalence research on NPS is from surveys. Since the growing market for NPS and the emergence of the variety of substances available, questionnaires on drug use have had to be adapted to accommodate these changes (Dargan and Wood, 2013). The USA annual Monitoring the Future is a large and robust annual school survey which assesses substance use prevalence in 50,000 secondary school children aged 13 - 18 years old (Dargan and Wood, 2013). In 2011, the survey highlighted the number of young people self-reporting use of NPS however it is unclear whether this was poly drug use. This sample does not suggest a subgroup of substances users with a unique preference for NPS (Dargan and Wood, 2013).

The European School Survey Project on Alcohol and Other Drugs (ESPAD, 2015) is the largest cross-national drug survey in the world. Thirty-nine countries participated but only some included NPS as a category. There are three nationally representative surveys that present data on NPS use in adult populations: the USA National Survey on Drug Use and Health (NSCUH), the UK's British Crime Survey (BCS) and the Drug Use in Ireland and Northern Ireland Survey (Dargan and Wood, 2013).

Whilst household surveys are invaluable tools for identifying drug trends in large representative samples, there are issues with utilising general population sampling to determine prevalence rates as they are slow at adapting to changes in consumption patterns and do not feature the range of NPS available, therefore actual drug use is not being recorded correctly (Sumnall, McVeigh and Evans-Brown, 2013). Surveys cannot establish prevalence among key or specific populations that cannot be reached using household surveys (Sumnall, McVeigh and Evans-Brown, 2013). For example, they exclude those who do not live in private households including those living in halls of residence, hostels or prisons and transitory populations more likely to have higher levels of drinking and drug use than others (Sumnall, McVeigh and Evans-Brown, 2013). This reveals there is a need to carry out more research with a range of populations to capture how different populations of young people perceive NPS.

One well-known convenience sample survey is the annual Mixmag survey (Dick and Torrance, 2012), a leading UK dance music magazine. Findings reveal life time prevalence of Mephedrone use was 20.3% and 23.4% of participants had used it on one occasion (Dargan and Wood, 2013). The Global Drug Survey (2012) found that Mephedrone figures had declined, however the data was drawn from many countries and it cannot be determined if this is due to the UK ban. Smaller surveys (Wood et al., 2012) reveal a much higher prevalence rate, with some identifying 20-40% of respondents having tried NPS (ACMD, 2011). More recently, Mixmag reported that 22% had bought NPS online (Mixmag, 2014) revealing that NPS are still prevalent in the British drug scene.

Most of the research attempting to capture the prevalence of NPS use adopt large scale quantitative surveys, although there are some qualitative studies that explore the experiences of users. The rapid growth in popularity of NPS indicates a continued and widespread demand but we have a very small research base.

#### **1.2.5 The Government's response to NPS: Early warning systems**



In the early 1990's many NPS were discovered across the EU and there were concerns about possible health risks which led to different legislation across countries (EMCDDA, 2016). As a result, in 1997 joint action concerning the information exchange, risk assessment and control of synthetic drugs, was set up by the Council of the European Union (Home Office, 2015). In response to the changing drug market, in early 2011 the Home Office mapped the existing drugs early warning system (DEWS) in the UK (Home Office, 2015). This linked law enforcement, health agencies and international partners to share real time information on emerging NPS. In addition to DEWS, a Forensic Early Warning system (FEWS) was set up in January 2011 to identify NPS quickly, collecting samples from the internet, headshops, music festivals, the police and health clinics to identify NPS which are present in the UK or being offered for sale (Home Office, 2015).

Decisions about the latest substance included Temporary Class Drug Orders (TCMD) where the import and sale of NPS are banned by law. In the UK, if a substance is detected within these systems, a 12-month ban can be issued, until the TCMD analyses the drug, reviews the published literature and decides whether to ban them altogether (Baumann et al., 2014). However, once a substance has been controlled, a new substance is created as the chemists keep one step ahead of the law by altering the chemical composition of NPS in response to legislative changes (Baumann et al., 2014). This renders the TCMD system ineffective.

### **1.3 Rationale for the research**

The initial reason for undertaking this research was to address the rapid increase in NPS use. There has been very little qualitative research carried out on NPS, particularly in relation to young people. The variety and recreational use of 'legal highs' has increased and since their rapid emergence in drug markets, numerous adverse physical and psychological effects have been extensively reported (Watterson et al., 2013). NPS is a concern throughout Europe and the rate of misuse is growing (Gibbons and Zloh, 2010).

The limited research undertaken has mainly consisted of surveys and most research on NPS is quantitative, mainly exploring international trends and user responses to legislative change (Dargan and Wood, 2013; Khaled et al., 2016). More recent studies include UK Street and Nightclub surveys conducted with adults at two 'gay friendly' dance clubs in London (Wood et al., 2012). Findings revealed that certain NPS were more popular than illegal drugs (Measham et al., 2011). Qualitative studies are internet based and mainly focused on the data in drug forums and secondary data (Bigdeli et al., 2013) exploring the role of the internet, availability and use of NPS.

The researcher, inspired by print media coverage of legal highs reporting NPS as a growing social / health problem, formulated a specific area of inquiry into young people's perceptions of NPS. There are many challenges and methodological issues related to the evolving nature of NPS including the lack of a universal definition, the number of substances and the problems of using Surveys to measure use (Khaled et al. 2016). Currently, there is very little qualitative research exploring NPS, particularly on how young people perceive NPS, which could contribute to understanding more about this complex range of substances. This highlights the need for an alternative approach to understanding NPS. To understand how young people, perceive these substances, an in-depth qualitative study needs to be conducted regarding perceptions of safety, availability and the desirability of these substances.

Within the literature there is a discussion about the relationship between risk-taking and the development of identity in the context of substance use (Alhyas et al., 2015). In this study, identity is defined by how young people present themselves to others, in relation to their substance use or the rejection of substance use and how they perceive others in relation to their substance use behaviours (Brown and Toyoki, 2013). During the analysis process, it was decided that stigma more accurately described the construction of identities relating to SC use. Within the focus groups the young people in the study co-constructed various forms of stigma relating to SC use.

There are many studies exploring substance use in the context of identity and risk taking and it has often been suggested that drug use is one way in which young

people may experience the pleasures of taking and managing risk, therefore reinforcing a more desirable self-identity (McLean, 2005). In this context, there is a need to explore young people's perceptions of NPS in relation to their identity and risk management.

In contrast, research has also highlighted the relationship between stigma and risk in and between substance use populations whereby the presence of public stigma did not reduce risk taking behaviours or reduce risk (Simmonds and Coomber, 2007). Instead, stigma acted as a barrier to health services uptake and had a detrimental effect on service efficacy. Such stigma also negatively impacts the reduction of drug related harms particularly among vulnerable groups. Simmonds and Coomber, (2007) highlighted that stigma is being used by substance users as a mechanism to displace acknowledgement of their own risky behaviour by focusing on the other, worse behaviours. The complex relationship between perception, identity, stigma and risk may also be present within the context of NPS and this highlights the need to explore identity and stigma in relation to NPS.

This research is also a response to gaps in the research literature on young people's perceptions relating to NPS, sources of knowledge, risk and the influence of the media, the internet and sources of support for young people using NPS.

#### **1.4 Direction of the study**

To meet the aims of the study, a qualitative methodology was chosen as the most appropriate to explore young people's perceptions of NPS. Focus groups with young people made it possible to explore this relatively new topic in depth. This approach enables the young people to present their account in which they can explore their perceptions in a familiar environment (Palomba and Banta, 1999). For the purposes of this study the definition of a young person's account recognises the negotiation between the researcher and the researched to produce the account of the insider's perspective (Berger, 2015). The account the young people provide is their interpretation of their own experiences or that of

others. The principle that the exact expression of the account matters informs the general social constructionist approach (Berger, 2015).

A researcher's reflexivity is the awareness of the factors influencing the data collected and the role of researcher (Lambert, Jomeen and McSheery, 2010). Qualitative methodology acknowledges and encourages the importance of the researcher within the research. In one respect, the researcher was based at a University as a student and working as a research assistant which may have introduced issues of authority and power particularly around young people who were involved in institutions. However, the researcher being originally from the city the research was conducted in, with a similar dialect and having strong local knowledge of the area, may have dispersed some of these feelings of authority and distance, creating a more open and comfortable environment. To ensure the researcher remained aware of influencing factors within the focus groups a reflexive diary was kept. This was used to create transparency in the research process and acknowledge the impact of self-reflection on the research design (Denzin and Lincoln, 1994).

The focus of the initial study was perceptions of NPS as a whole however, within the focus groups the participants focused mainly on synthetic cannabinoids (SC). The young people had very little knowledge (if any) of other NPS available on the market and their responses focused mainly on their perceptions of SC. Some young people referred briefly to reports in the media of other types of NPS i.e. Bath salts, therefore the initial title remained focused on NPS however, for the most part discussions within this study referred to SC.

SC are one of the most commonly encountered NPS on the market (Dargan and Wood, 2017). They are a rapidly emerging class of substances, which are commonly sold as 'herbal blends' or incense' (Vandrey et al., 2012). Synthetic cannabinoid (SC) receptor agonists popularly known as Spice or K2 have been sold under more than 500 names including, Black Mamba Clockwork Orange and Amsterdam Annihilation (Blackman and Bradley, 2017). In this study, most young people referred to the generic description of SC as spice. (This label is not to be confused with the blend SC named 'spice' which was banned in 2012). The

names of these products are deliberately evocative of illegal cannabis connotations in which users identify features of SC with those of illegal cannabis (Vandrey et al., 2012). Before the Psychoactive Ban 2016, these substances were frequently marketed as a legal, natural alternative to illegal cannabis. However, SC are man-made chemicals that are directly sprayed onto plants using additional chemicals such as acetone (an active ingredient in nail polish remover) (Blackman and Bradley, 2017). These man-made, mind-altering chemicals are sprayed onto dried plants so that they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices (National Institute on Drug Abuse, 2015). This production process means the dosage and strength are unknown (Winstock et al., 2015).

At the time this study was conducted “spice” was the only reported NPS (by participants) to be available in head shops, local corner shops and garages around the city. From discussions it appears that SC dominated the sales of NPS in these shops. Furthermore, the data was collected in summer 2015, by this time the very popular mephedrone, commonly known as Meow Meow, had already been banned and classed as an illegal substance. It could be that if the study was conducted earlier then the definition of what constitutes NPS would be much more varied. The focus of this study is SC however, the title and research questions including NPS remain, as some young people referred to NPS as a group of substances particularly in relation to the media.

### **1.5 The change in the legal status of NPS during this study**

Data collection was conducted between May – August 2015 however in May 2016 the government passed the Psychoactive Substances Act 2016. This states that any “psychoactive substance” (except what is listed) is now illegal. For the purposes of this Act a Psychoactive Substance is “a substance that produces a psychoactive effect in a person if, by stimulating or depressing the person’s central nervous system, it affects the person’s mental functioning or emotional state” (Home Office, 2016 Pg. 2). It is now illegal to sell NPS in the UK, including ‘head shops’ and on UK internet websites. These substances come with a possible criminal sentence of up to seven years in prison. There continue to be

several UK based websites selling a range of products in a similar fashion to before the psychoactive substances ban, including research chemicals and cannabis products. Customer reviews reveal these websites continue to be actively used. NPS are still available on numerous websites outside of the UK and can be bought, shipped and delivered to anywhere inside of the UK. In addition, the new psychoactive bill has proven difficult to enforce therefore, despite the change in the legal status, many different substances continue to be sold.

Most young people in this study, discussed the “legal status” of these substances in the context of the legal loophole that they remained in. Most young people with any reported experience of illegal substances or NPS were aware that these substances were legal due to being mislabelled as research chemicals or bath salts, therefore their legal status at that time had little or no influence on their perceptions of these substances. However, for young people with little or no experience of such substances, the change of the legal status may influence the way they perceive these substances.

Early research on NPS discussed the legal status as an influencing factor on the perceived safety of these substances. Other studies discuss the legality as an attractive factor, particularly for subgroups avoiding criminal activity. However more recent research highlighted NPS are used alongside illegal substances and therefore the legality has little or no influence (Soussan and Kjellgren, 2016). NPS are still available within the UK through local drug dealers and can also be bought from non- UK websites therefore the legal status may not have much influence on the availability of these products. From this perspective, the findings of this study would not have been affected by the subsequent change in legal status of these substances.

## **1.6 Overview of chapters**

The thesis is divided into six parts 1) Introduction 2) Literature review 3) Methodology and Methods 4) Findings 5) Discussion and 6) Conclusion and practical recommendations. The literature review chapter focuses on research on

NPS including papers relating to the legal status of NPS, the perception of risk, the relationship between perceptions, risk and identity, the attractiveness of NPS and possible motivations for use and sources of knowledge on NPS.

The methods chapter begins with a methodology section critically discusses the theoretical assumptions underpinning the research. This is followed by a methods section describing the research process, critically discussing the issues relating to collecting, analysing and interpreting the data. The findings chapters are divided into three, drawn from the overarching themes identified from the findings: stigma, attractiveness and risk with an underpinning sub-theme which runs concurrently throughout each theme which critically addresses the young peoples' sources of knowledge on drugs and sets the scene for the three themes

There were distinct groups of young people that stood out in discussions; those with extensive experience of illegal substances and NPS, those with experience of illegal highs and exposure to NPS and a group of young people with little or no experience of either illegal substances or NPS. The level of experience and exposure influenced their perceptions of these substances. The discussion chapter explores these groups in relation to the previous research discussed in the literature review.

The conclusion demonstrates the main contributions this study has made to professional knowledge, particularly in the public health sector. These are summarised into local, national and policy practical recommendations with additional recommendations for implementation. The limitations of the current study are summarised alongside the strengths. The implications for future research follow the main contributions to knowledge.

The next Chapter, Literature Review will explore the background research and context of NPS in much more detail.

## **Chapter 2. Literature Review**

### **2.1 Introduction**

To review the literature this study utilised a scoping technique (Grant and Booth, 2009) specifically looking at research over the last 10 years as NPS began to appear in the UK drug scene around 2008/09 (Shapiro, 2016) (appendix 1). This chapter will firstly focus on the research literature exploring the impact of the legal status on how Novel Psychoactive Substances are perceived. It will then explore young people's perception of risk in relation to substances, specifically NPS, the relationship between perceptions of risk and identity and more specifically the relationship between substances use and stigma. The final section will explore sources of information on the NPS, including the internet and other media, specifically focusing on how these sources are perceived and valued. This discussion will highlight the gaps in academic knowledge of NPS and conclude with why further research needs to be carried out.

### **2.2 The impact of the legal status on NPS**

As previously stated the legal status of NPS in the UK has changed (May 2016) since the data for this research was collected. This section will explore previous research on NPS looking at the impact and influence of the legal status. Specifically, young people's perception of safety, availability and the desirability of these substances. NPS were completely banned in 2016, however over the last 10 years before the Act many of these substances such as Mephedrone and BZP-pills were also made illegal. This section will explore how much influence the legal status has on how NPS are perceived.

The regulation of psychoactive substances both legal and illegal is a much-debated topic with discussion focusing on the influence of the law as a deterrent to use, and what the legal status communicates to young users (Corazza et al., 2011). When NPS began to be popular again, the term categorised a multitude of compounds marketed as the legally ambiguous alternatives to traditional drugs however, their legal status stemmed from attempts to evade legal controls including: the use of the internet for sales, labelling substances as bath salts or



plant food and including a “not for human consumption” warning (Ayres and Bond, 2012). However, the reasons for their “legal status” were not made clear and there is a debate in the literature which suggests that young people may perceive NPS to be relatively ‘safe’ in comparison to illegal drugs (Sheridan and Butler, 2010). Hence, they are more likely to consume these substances over illicit drugs (Sheridan and Butler, 2010).

This is supported by Corazza et al., (2011) who found that the term ‘legal’ influences the perception of safety associated with the consumption of these substances in that young people thought there were less health risks with a substance classed as legal. In one study, young people perceived the effects of ‘legal highs’ to be inferior to that of illegal substances and there was an expectation that the psychoactive effects of substances ‘allowed’ by the government would be mild (Sheridan and Butler, 2010). It is argued that many young people assume that being legally available means that they have been tested and sanctioned as safe by the Government, although this is not the case (Dargan and Wood, 2015). Patil, Tewari and Rao, (2016) suggested that the legality made sales of NPS more difficult to regulate and as a result, retailers can create unique, attractive brand names to sell these products. The nicknames given to some NPS, attractive packaging and positive imagery imply that they are safe (Corazza et al., 2011; Measham, Moore and Østergaard, 2011).

Sheridan and Butler, (2010, pg. 77) found the direct impact of the legal status is that the “legislation on psychoactive substances has a role to play with regard to shaping social values and influencing the normalisation of drug use”. Results found that young people saw BZP-party pills as ‘safe’ and of good quality as they were legal but of inferior strength, suggesting they could take more of them. There is also evidence that young people were choosing to take legal substances over illegal substances. Dargan and Wood, (2013) found that 23% of 16-24-year olds reported using mephedrone but not ecstasy or cocaine (which have similar effects). Moreover, the documentary “Can I get high legally” (2009) revealed a sense of curiosity around these substances and presented users or potential users as experimental adventure seekers. This could suggest that young people were looking to take legal substances (pre-legislation) as a consumer choice or preference (Measham, Parker and Aldridge, 1998). However, it may also be

related to price, purity or availability. The findings highlight that legal status may influence how these substances are perceived.

Over the last 8 years many previously legal substances have been banned due to safety and there have been increased reports of harm linked to a range of NPS (Shapiro, 2016). In contrast to early studies carried out on NPS looking at attitudes and motivations for use, a history of negative associations has been built that have influenced the way young people perceive NPS (Soussan and Kjellgren, 2016). Since Sheridan and Butler published in 2010 a vast amount of documented information has become available on what the legal status of these substances means and how they have been specifically designed to avoid legislation (ACMD, 2011). These studies indicate that young people may not expect 'legal' substances to be safe and that legality has very little or no influence on their perceptions of these substances.

Corazza et al., (2014) found that young people did not consider NPS any safer than illegal drugs despite the legal status and findings revealed that most respondents who had used NPS found them to be less safe than familiar illegal drugs. This is supported by Mixmag, (2011) who found that over half the population of respondents in their survey did not consider legal highs safer than illegal drugs. These studies used survey methods, highlighting a need to carry out more in-depth studies on young people's perceptions of these substances.

In addition to safety in relation to health, earlier studies discuss the influence the legal status has on the attractiveness of these substances. For example, being legal meant they could use these substances without breaking the law or contacting/buying from drug dealers (Sheridan and Butler, 2010). This is supported by Hammersley, (2010) who found that in relation to smoking mixtures containing SC (trade name spice) their primary appeal over cannabis was their legality. Since "spice" was banned and now has the same illegal status as cannabis, users returned to cannabis but Hammersley, (2010) argues that in some cases users prefer a legal alternative if the opportunity arises.

It is assumed in many research studies that the allure of NPS is to buy these substances from the internet (Power, 2013; Norman et al., 2014). This

anonymous process is identified as an attractive factor however, recent studies reveal that many NPS consumers buy substances in a similar fashion to illegal substances e.g. drug dealers and friends of friends (Soussan and Kjellgren, 2016) and therefore the legal status has little influence on the process in which substances are obtained. It is argued that the impact of the legal status is more relevant for some users in the context of the law, for example active duty personal in the military (Vikhyat et al., 2012). Studies report (Castaneto et al., 2014; Vikhyat et al., 2012) that the legal status of SC made them more attractive to service personal where it is forbidden to use substances and they are consistently subjected to random drug tests (Castellanos and Gralnik, 2016). Normal drug tests fail to detect SC therefore these substances can be used specifically with the purpose of continuing drug use while still being able to avoid testing positive on urine drug tests (Nimmemann et al., 2016).

Early research on NPS focused on the importance and influence of their legal status. However, more recent studies highlight that increased knowledge, experience and awareness of these substances is associated with decreased influence of legality (Barnard et al., 2016), for many the legality of these substances had no impact at all. Much of the research has been carried out using online surveys on young people's self-reported substance use (Goggin, Gately and Bridle, 2015). More research into the motivations behind these statistics would provide better insight to what influences choice of substances for consumption and how the recent changes in legal status affect perceptions. It would also be useful to conduct research on the perceptions of NPS with a range of young people, not specifically a self-reporting substance using population.

### **2.3 Attractive features of NPS**

In addition to the legal status, there are studies which discuss the attractive features associated with various types of NPS. Van Amsterdam et al., (2015) report that the preference for a specific NPS is dependent on the desired effect. Barnard et al., (2016) found respondents reported their favourite NPS as those with brand names. Other reported attractive features included a good buzz, enhancing sociability and relaxation. The preferred NPS were mostly stimulant or

psychedelic in effect (van Amsterdam et al., 2015). Some young people cited achieving a predictable safe high as important (Barnard et al., 2016). Findings also reported external factors as attractive features such as: price, ease of availability and dosage levels (van Amsterdam et al., 2015; Barnard et al., 2016).

One of the main reported attractive external features of NPS is the ease of availability. Before the Psychoactive Substances Ban (2016) many substances were available in head shops, special shops and on the internet (Power, 2013). The variety of places to purchase NPS has been indicated as a motivating factor for increased sales (Musshoff et al., 2013). Van Hout and Brennan, (2011) indicate that consumptive patterns in illegal and legal drugs were grounded in the availability of “legal highs”. Other studies cite the main motivations of young people to use NPS is linked to the cost, for example the cost of SC particularly in comparison to cannabis was reported as a highly attractive feature (Richardson et al., 2016).

The features of attractiveness of NPS have evolved over the years and can depend on their current reputation. For example, one of the most used NPS are SC. Early research reports many positive personal motivations related to SC including: curiosity, positive drug effect and relaxation (Lauritsen and Rosenberg, 2016; Vandrey et al., 2012) with some users reporting SC as the ‘legal’ alternative to cannabis (Rosenbaum, Carreiro and Babu, 2012). However, in some studies, SC were described as a much stronger version of cannabis (Winstock et al., 2015) which sometimes added to the attractiveness. France (2012) argues there is a cultural change and an acceptance to be intoxicated thus making the NPS more attractive. Blackman (2010) also argued that there is desire to recreational use drugs which sometimes seems “beyond control” in their search for pleasure. These stronger effects may be seen as the path to intoxication. Despite temporary bans, young people continued to seek out alternative blends of SC suggesting there is a market for these substances (Dargan et al., 2011; Fattore and Fratta, 2011).

More recent research suggests the attractiveness of SC appears to have undergone a complete change as they have earned a negative reputation based on their highly unstable effects and negative consequences (Blackman and

Bradley, 2017; Joseph et al., 2016; Lubarsky et al., 2014; Salani and Zdanowicz, 2015), made worse as often SC compounds and brands are grouped together despite varying strengths and effects making the consequences even less predictable (Palamar and Barratt, 2016). This reflects the evolving nature of the drug culture and highlight the factors which influence that change (France, 2012). Individual research studies report many adverse side effects related to SC including psychiatric/other neurological, cardiovascular, renal and gastrointestinal manifestations (Hu et al., 2011; Mdege et al., 2017). Moreover, reports show that only half the retailers provide warnings and that the most necessary information was lacking, particularly for new products (Baumann, Partilla and Lehner, 2013) leaving these substances less desirable. Studies have found that despite the intentions of sellers of NPS, many retailers have been mis sold products and are not aware of the contents/ ingredients (Brunt et al., 2017; Davies et al., 2010). This links to previous reports, that the most attractive NPS were the substances that accurately mimicked the drug of choice or achieved the desired effects (van Amsterdam et al., 2015).

Within the literature, the continued popularity of these substances despite numerous reports of negative reactions are based on the previous factors such as cost and availability (Richardson et al., 2016) however, one of the main reported attractive features is by those who want to avoid detection of drug use (Winstock and Barratt, 2013) particularly people already within the criminal justice system. Perrone, Helgesen and Fischer, (2013) found people sought a legal alternative to cannabis to avoid positive drug test screenings and criminal punishment. For some, it was related to their abstinence only drug treatment programmes or they were seeking a career in the US military. These individuals were randomly drug tested and knew that SC are not detected in standard urine drug screenings. Research into the use of NPS in prisons also found an increase in the use of SC related to avoiding drug detection (Ralphs et al., 2017). The attractiveness of the NPS has evolved and it is important to consistently explore what motivates young people to use these substances.

## 2.4 The consideration of risk and NPS

Risk and risk-taking behaviour are a natural part of the transition into adulthood (Reniers et al., 2016) and within the literature there are various definitions of risk. This section explores the range of factors that influence a young person's perception of risk, specifically in relation to substance use. Exploring ways in which young people see risk may help frame how risky they perceive these substances to be. There is a body of literature which suggests that youth is constructed as a "risky business" (Sharland, 2006) and politicians and policy makers are increasingly motivated to prevent young people from taking or being exposed to risk. Douglas, (1992) argues that within our society when the term risk is used it is predominantly in the context of a negative or bad outcome. This suggests that a young person's perception of risk will depend on how harmful these substances are and the outcome of use.

There are many studies exploring adolescent substance use, which is considered a public health concern in many parts of the world (Alhyas et al., 2015). Studies report that young people aged 12 and over used a range of substances including tobacco, alcohol and illicit drugs (Dargan and Wood 2015). In most developed countries, epidemiological studies (Alhyas et al., 2015; Manna, Casiglia and Farcai, 2010) reveal that the first contact almost always occurs during adolescence with alcohol and nicotine as the most widely used legal substances and the use of cannabis products by far the most prevalent among illegal drugs. The body of literature around adolescent substance use agrees that the occasional use of both licit and illicit substances during adolescence can be considered as 'transient recreational use', particularly in relation to the use of cannabis (Manna, Casiglia and Farcai, 2010). However, some studies highlight the increasing risk of psychological harm when using stronger cannabis products with increased levels of THC (tetrahydrocannabinol) such as Skunk (Di Forta et al., 2009; Radhakrishnan, Wilkinson and D'Souza, 2014).

Research studies highlight different risk perceptions for different substances (Alhyas et al., 2015; Hampson et al., 2001). In one study, Manna, Casiglia and Farcai, (2010) found that among young people in Italy, ecstasy was only considered harmful in high doses and there were no reported negative effects to

using cannabis. However, substances such as heroin and crack cocaine were considered high risk (Manna, Casiglia and Farcai., 2010). Throughout the risk literature it is agreed that a young person's perception of risk and harm is a result of a complex interaction between their experiences, their peers and the context in which they developed (Hampson et al., 2001).

It is accepted that adolescence is a time of peer pressure induced needs to fit in, be popular and look cool (Netemayer et al., 2015). At the highest level of these needs the assessment of risk is low, compared to the need to be considered popular (Netemayer et al., 2015). Some studies (Tomé et al., 2012; Knoll et al., 2017) suggest that peer groups have a more significant influence on young people's normalisation of risk than external information and therefore what young people think or perceive is highly influenced by the actions of their peer group. Yan and Brocken (2012) found that within the subculture of ecstasy use, the perception of ecstasy did not mirror the harmful reports and media stories being published, instead their perception of what is acceptable and unacceptable was grounded in a shared experiential code of behaviour (Green, Mitchell and Bunton, 2000). This suggests that if a young person's peer group has normalised the use of NPS, then young people in this context are less likely to perceive NPS as risky. In addition, young people may base their perception of harm on their own personal experiences or those of their peer group. This highlights that it is important to explore the factors that influence risk perception of substances, particularly in a younger population.

Within the theoretical literature depicting how young people define risk, there is some explanation of why peers are such a dominant influence on young people's risk-taking behaviour including the use of drugs and alcohol. One such theory links to psychology and the adolescent brain in youth development (France, 2012). Research studies state that our brains do not finish growing until our late twenties, particularly the prefrontal cortex which is responsible for decision making (Johnson, Sudhinaraset and Blum., (2010). If in adolescence, the brain cannot 'do the right thing' then this explains why young people continue to take risks even when they know they are dangerous and especially if there is peer influence (France, 2012). Johnson, Sudhinaraset and Blum., 2010) suggest the brain has not fully developed especially in relation to executive cognitive skills.

This means young people have difficulty in planning, utilising feedback, and are more prone to take risks, have more impulsive behaviour and have less consideration for possible consequences. (France, 2010).

More recent research on risk taking, youth and youth policy is underpinned by the work from social psychologists considering a risk factor analysis of social problems as central and acknowledges the social context of behaviour which moves away from the individualisation of problems in policy which are dominated by impulsivity, lack of self-control and hyperactivity (France, 2012). Farrington (1996) suggests that the causes of youth problem behaviour are exacerbated when combined with poor parenting, antisocial behaviour, poor living conditions and poverty. Risk theories highlight the importance of sociological research and that risk-taking behaviour is more than a result of an underdeveloped brain (France, 2012). Instead young people and risk-taking behaviours need to be considered in a wider context of legislation, regulation and social change. In relation to NPS, the establishment and marketing of new products both on the internet and in head shops, the development of social networking sites, the expectations of young people to indulge in this consumer culture and the implications of legislation need to be considered in relation to why young people engage/ don't engage in risky behaviour (France, 2012).

Rather than consider youth intoxication in terms of a psychological understanding of risk, alternatively the concept of normalisation helps us understand new patterns of drug and alcohol behaviours are a part of an everyday acceptance of collective youth behaviour (Parker, Aldridge and Measham, 1998; Measham, 2008). Therefore, young people engage in drug taking behaviours with agency, in which the use of alcohol and substances is an intentional act despite possible known dangers (Measham, 2008). More recent social theories acknowledge the growth in the cultural acceptance of intoxication and recognition of the fact that young people like to get drunk and high (Wilson, 2006). In this context, normalisation relies on the concept that the process of intoxication is a rational and sensible choice however, this theory also refers to the youth who "go beyond control". Therefore, young people and their understanding of risk are at the centre of participation in intoxication as part of young people's everyday pursuit of leisure.



To understand the construction of risk and youth intoxication, there needs to be some consideration of the moral panic round youth intoxication, considering risk within the theoretical framework by Cohen (1963). In that, youth intoxication is represented in the media as 'out of control' and that unstructured leisure leads to intoxication and deviance (Blackman, 2010). This behaviour is depicted as a major problem for society, the community and the individual. However, Blackman (2010) suggests that these representations of youth intoxication are an effective strategy of regulation by the government using the media to create these representations. As a result, government policies state that young people are at risk and define youth as 'trouble' (Blackman, 2010) which leads to fear and insecurity and ultimately knee-jerk policy reactions, such as prohibition. If young people acknowledge the culture of intoxication and their substance use behaviours as rational choice which does not result in the damaging consequences depicted in the print media, then their constructions of risk will not be influenced by the wider cultural representations as reflected in policy and the media.

There is a considerable body of literature in which people consider risk using a cost benefit analysis (Sharland, 2006). In relation to decision making, a person will weigh up potential harm versus expected pleasure. Research exploring NPS found the main motivating factors for taking NPS were pleasure and enhancing social experience (Corazza et al., 2014). This is supported by Measham, Parker and Aldridge, (1998) who report that many young people see recreational drug use as rational and informed rather than a deviant behaviour. In this context the negative experiences of one's peers can have a positive influence on others not using substances (Karakos, 2014). This cost benefit theory can also be linked to external factors, not only pleasure. For example, Mars et al., (2014) found that for people with less disposable income, cheaper substances are more cost-effective after becoming physically and emotionally dependent on drugs. More specifically in relation to NPS, Blackman and Bradley (2017) found that SC were a cheaper option to achieve the escapism users might be looking for.

### **2.4.1 The relationship between perceptions of risk, identity and NPS**

This section looks at how young people communicate their identity via the substance or drug they choose to consume (MacLean, 2005). Banwell and Young (1993) state that when young people use drugs, they are aware that these say something about themselves as individuals. Some youths view substance use as a natural pathway to identity formation (Benson and Elder, 2011), therefore young people choose drugs to communicate and shape their identity (MacLean, 2005). There are studies suggesting that drug use is one way in which young people may experience the pleasures of taking and managing risk, therefore reinforcing a more desirable self-identity (McLean, 2005).

In relation to identity development, young people's individual risk taking, and experimentation are necessary parts of the individualisation process required for full identity achievement (Sharland, 2006). In addition, risk perceptions and risk choices can be considered highly symbolic, delineating the boundaries between self and other (Douglas, 1992). When considering a young person's risk perception, it is important to see them as agents in their own lives (Sharland, 2006) not as vulnerable victims of harmful behaviours in society. The choices they make may directly relate to self-identity and developing their social identity (Benson and Elder, 2011).

Individual risk taking in adolescence has been theorised through many individualistic models however, risk can also be understood as a socially interactive enterprise where risk behaviour is shaped by the constant interplay between individuals' perceptions and the ways in which these are organised through the process of social interaction itself (Plumridge and Chetwynd, 1999). In this context, building identity within social activities and interaction is linked to taking risks. One study, which explored the role of pleasure in young people's decisions to use inhalants (McLean, 2005) concluded that they pursue and experience pleasurable practices that support aspects of a desired identity in some instances, this involves consuming substances that other people consider dangerous and harmful or socially unacceptable and this may be a part of building that identity. It is argued that drug users select substances to maximize both the buzz and the associated image (Brain, Parker and Carnwath, 2000).

McLean, (2005) states that not only do “chromers” (a term to describe young people who inhale paint fumes), choose their “drug” of choice but they also make choices about consuming different colours and brands of paint, between kinds of inhalants and about mixing inhalants with other drugs. One participant talked about their enjoyment of shocking people by chroming in public places (McLean, 2005). Users are aware of the impacts different substances can have and the potential stigma that they have.

In relation to identity and risky substance use behaviours, many studies depict the influence of masculinity (Farrugia, 2015; Pound and Campbell, 2014; Sanders, 2011). Farrugia (2015) argues that young males present a dominant socially constructed expression of masculinity that works to maintain power through the subordination of alternative expressions of masculinity. Studies show that the varying degrees and behaviours which males play to reproduce dominant forms of masculinity and are used to construct their identity (Wedgwood, 2009). Sanders, (2011) suggests that substance use in adolescence is a means of achieving masculinity in which boys adopt, perform and practice various forms of masculinity which appear to be tied to culture, class and race. This links to Connells (1995) construct of hegemonic masculinities and at the same time reflects West and Zimmerman’s (1987) notion of ‘doing gender’. West and Zimmerman, (1987) argued that gender is achieved, recreated and can be considered socially constructed. Therefore, the process of ‘doing gender’ is achieved through displays of behaviour, routine and acting out considered to be more masculine. Sanders, (2011) states that alongside drinking, the use of other illegal substances also remains a male activity in which young males may present their identity as more masculine through their use of substances/ risky substances as the adolescent male has a lot invested in concern with ‘face’ and put a lot of work into ‘keeping up a front’. Therefore, their presentations of their substance use experiences are as important in depicting their masculine identity as their behaviours.

How young people perceive NPS in relation to risk and identity depends on a combination of individual and social factors (Rhodes, 1997) and how they construct risk will depend on their personal and social experiences. Early studies on NPS report the dangers of NPS based on their short shelf life and the limited

amount of published data pertaining to the chemical analysis of the toxicological and pharmacological make up; their effects are unknown (ACMD, 2011). The risks of taking an unknown chemical combination have been likened to “Chemical Russian Roulette” (Gibbons, 2012) and Global Drug Survey (2012) found that 15% of young people knowingly took unknown substances suggesting that NPS are a way to experiment with something new, breaking away from substances previously established by older generations. Trying new “exciting” opportunities increases the risk and the pleasure (Brown and Maycock, 2005) and offers a learning process to find out who they are; their identity.

In contrast, other studies reveal that many NPS have been added to popular and well moderated substance websites and drug forums such as EROWID and Bluelight in order to share and obtain information on the latest substances (Soussan and Kjellgren, 2014). These provide documented histories and effects of a range of substances therefore decreasing risk as users seek information before consuming. This highlights that there is much more information available on NPS than previously and people are seeking out sources of information to make informed choices. This challenges the view that the motivations for NPS are linked to reckless and highly risky behaviour.

#### **2.4.2 The relationship between risk, stigma, normalisation and labelling**

Within the substance use literature, the concept of Stigma is a common reoccurring, complex theme which serves many functions and has undeterminable and wide-ranging impacts on users/ potential users and their families. Traditional concepts of stigma concerned those considered to have a ‘spoiled identity’ and Goffman, (1963 pg. 3) stated that stigma is ‘an attribute that is deeply disturbing’ leading to a disqualification of social acceptance because of negative attitudes and perceptions. In this context, stigma is instrumental and serves many functions including; a means of exerting social control and/or reinforcing one’s own more righteous or less discrediting behaviour, which is also undergoing stigmatisation (Simmonds and Coomber, 2009). “Stigma is a social process created by non-marginalised groups to achieve goals of exclusion or

conformity” (Ahern et al., 2007, pg. 188). In relation to drug use, research shows that stigma is also a social process used by other substance users to justify their own drug using behaviours. For example, users of other substances stigmatise the users of other drugs (Alhyas et al., 2015) or users stigmatise those using the same substances but perceived to be doing this irresponsibly (Simmonds and Coomber, 2009). To understand the presence of Stigma in substance use, one must acknowledge that the social selves are always constructed with reference to the communities to which they belong (Mead, 1964). Goffman (1963) argues that due to the presence of stigma, often people perform differently in front of others than privately, known as front stage and back stage behaviours. Front stage behavior refers to the actions that are visible to the audience and are part of a performance and back stage behaviours refers to the actions when no one is present (Goffman, 1959). Due to Felt stigma which Gray (2002) suggests refers to the shame and expectation of discrimination that prevents people talking about their experiences, alongside the fear of criticism or rejection by others, their front stage actions co-incide with the consensus of the group. Recent stigma theorists argue that unspoiled identity and stigma have far reaching implications for the “other” and that public stigma can lead to shame and internalisation (Matthews, Dwyer and Snoek, 2017).

To explore the concept of stigma, it is important to understand what is considered acceptable and “normalised”. According to Becker (1963) the deviant behaviour is created and constructed by the people observing these behaviours therefore people in “non-marginalised” groups, those not using drugs for example, judge these behaviours as deviant. Therefore, the reaction of a person’s audience determines how deviant a behaviour is and it is possible for certain deviant behaviours to become normalised (Goode and Yehuda, 1994). Becker (1963) brought interactionism and constructionism into the study of drug use arguing that it the construction of how users define a substance, to themselves and how others such as lawmakers, the media and the public at large socially and culturally construct its reality. More recent normalisation theories discuss this in relation to substance use (Parker, Aldridge and Measham, 1998: Measham, Newcombe and Parker, 1994). Parker, Aldridge and Measham, (1998) stated

that for many young people, taking drugs is the norm and non-drug using adolescents will be the 'deviant' group.

Recent research looks at the normalisation of different substances (Sanders, 2012). Mackenzie, Hunt and Joe-Laidler, (2005) and Waldorf (1993) found that young drug users in the United States have polarized attitudes towards illegal drugs, whereby a hierarchy of acceptable substances has emerged, with marijuana being perceived as significantly less harmful and more social than other drugs. Some studies also show that recreational club drugs have also had a reduced stigma over time, particularly within certain sub cultures (Parker, Williams and Aldridge, 2002). Bahora, Sterk and Elifson, (2009) found that young people perceived ecstasy without stigma along with other party drugs. Within the literature, there are studies which reflect the process by which normalisation of different substances occurs (Parker, Aldridge and Measham, 1998; Järvinen and Demant, 2009). Research acknowledges that intoxication and levels of intoxication are intentional despite knowing the possible consequences (Measham, 2008). More recent studies show there has been a growth in the cultural acceptance of intoxication such as 'binge drinking' (France, 2012) and a recognition that young people make decisions to be intoxicated and excessively intoxicated (Wilson, 2006). This key change in culture influences the normalization and stigmatization of substance use. In contrast, some studies continue to report high levels of stigma around "hard drugs" such as heroin, crack cocaine and methamphetamine (Sanders, 2012). Within these drug-using populations stigmatising discourses exist, where users will condemn and stigmatise the drug using behaviour of other users. Based on the range of NPS available and the influence of legality and risk, it is necessary to explore the relationship between NPS and identity and the presence and influence of stigma.

The research into substance use and stigma explores the concept of labelling, which is a widely used sociological concept within symbolic interactionism (Becker 1963). This theory analyses the way in which individuals see themselves based on their interactions with others. Becker (1963) argued that the process of labelling, particularly in relation to substance use impacts not only on policy and treatment but ultimately leads to users internalising a label (stigma) as the identity imposed on them (Neale, Nettleton and Pickering, 2011). This process of

labelling a person has negative effects on the individual and their future behaviour (Becker, 1963). It creates “outsiders” whereby individuals are labelled as outside of the group leading to a self-fulfilling prophecy. In this context, the processes of labelling the individual are perceived to be instrumental in making the situation worse. It is therefore important to explore the presence of labelling in relation to NPS and the potential impact this has on users and potential users.

Some studies have shown that stigma, or social disapproval, may be enacted as a preventive measure for risk taking behaviours such as illegal drug use (Palamar, Halkitis and Kiang, 2013). Palamar, Halkitis and Kiang (2013) looked at both public and personal stigmatisation alongside exposure to users and found that these factors influenced the use of five drugs: marijuana, powder cocaine, ecstasy, non-medical use of opioids and amphetamine. In this study individuals who stigmatise users are protected from use because of personalised stigma but the perception of public stigma does not appear to be valuable in preventing use (Palamar, Halkitis and Kiang, 2013).

In contrast and more commonly found, is the impact stigma has on a range of individual, social and public issues relating to drug users. As can be seen in the literature, different labels are given to users of different drugs with heroin users being the most widely and heavily stigmatised group of drug users (Simmonds and Coomber, 2009). Douglas (1966) argued that the process of being labelled as a drug user seemed likely to further a profound sense of social alienation and a still greater tendency to use drugs. Research shows that labels and stigmatisation exist between substance groups and within them, and this type of stigmatisation and labelling can be equally as damaging to other users or in some cases worse. Stigma can act as a barrier to health services and negatively impact the reduction of drug related harms.

Simmonds and Coomber, (2007) show that some IDUs stigmatised other IDUs, considering others’ behaviours as worse than their own negative risk taking behaviours. There was a sense that other IDUs were irresponsible and a perception that others’ behaviour was riskier than their own because of mitigating reasons such as homelessness. However, the authors concluded these perceptions were unfounded and served as a function to present themselves as

“better” and “more responsible” substance users. This highlights that stigma exists between substance users and how stigma is a mechanism to displace acknowledgement of their own risky behaviour by focusing on the other, worse behaviour. Very recent studies on specific NPS report new forms of stigma. Blackman and Bradley, (2017) found that there has been a shift in the perception of NPS, particularly relating to SC. One part of the study exposed a stigma towards people using SC, particularly in prisons, where people would actively discourage use by others but continue to use them opportunistically (Blackman and Bradley, 2017). It appears that inmates were aware of a stigmatised identity attached to using SC.

Based on the influence past stigma has had on substance users, it is important to explore the relationship between stigma and NPS. Specifically exploring how stigma influences the perception of these substances, the people who consume these substances and how this influences risk taking and risk perceptions. The implications of these findings will influence how health and youth services work with NPS users and potential users.

#### **2.4.3 Stigma develops into moral panic**

Moral panic as defined by Cohen (1972) arises when distorted mass media campaigns are used to create fear and reinforce stereotypes. This media outcry has a direct impact on public opinion and as a result policymakers resort to kneejerk reactions which has huge implications for future legal and healthcare responses. Negative public opinion towards substance users, particularly dependent users, is often made worse by inaccurate or offensive media reporting (Rolle et al., 2012). Terms used by the media such as "junkie" or "dirty" coupled with references to crimes or additional unsavory behaviours fuels the stigmatisation of drug users by others with no real knowledge or understanding of these substances or the people using them. Images conjured up by the media of people who use drugs often inspire feelings of fear and in many cases result in the creation of moral panic. Their effect is to dehumanise the users, implying that a person's drug use is the defining characteristic of their character (Rolle et al., 2012).



The media as a tool to stigmatise drug users is highlighted through the biased reporting of substance use. Media coverage of drug-related deaths are dependent on many factors including political and business agendas. For example, there are many instances of harm and death resulting from alcohol and prescription drug use that go largely unreported (Rolle et al., 2012) however, illegal drug deaths receive significant media coverage to confirm their biased opinions. This type of reporting can lead to fear, disgust and even hatred of behaviours and the people undertaking those behaviours.

Stigma has also been created by the media in relation to NPS due to media panic (Miller et al., 2015). In the USA, the media reported a misuse of "bath salts" when a man attempted to eat a homeless man's nose, mouth and eyes (Dahl, 2012). This report incited fear and widespread public concern over NPS but was completely inaccurate, as the man involved was mentally ill and had not ingested NPS prior to the attack (Miller et al., 2015). In the UK, users of SC have been depicted as zombies with imagery of an apocalypse being a result of drug use (Doward, 2017). Not only does this inaccurate and misleading reporting influence legislation and the reaction of health services, it has a direct impact on the public opinion which leads to various degrees of stigma. It is important to explore the presence of moral panic created by the media on NPS and the impact this has on the creation of stigma.

## **2.5 Sources of information on NPS**

There are many sources of information in the UK relating to NPS (Home Office, 2015) alongside peer groups which have been demonstrated as a source of information for calculating risk. Three of the other main sources of information are the internet, the media and to a lesser extent the sellers of such substances (which includes online websites). To avoid legislation, NPS are not sold for human consumption and therefore the manufacturer cannot provide information about dosage or potency (Home Office, 2015). Currently the packaging on the products often does not provide any information to the user on the active ingredients but, when it is provided, it is often inaccurate and misleading (Morris,

2016). The information provided on NPS is varied and often the messages are inconsistent, particularly in relation to the range of sources on the internet and in the media. It is important to provide information which is up to date and based on the best possible evidence without bias (Home Office, 2015). Whilst this information is available on educational drug websites and used by professionals, academics and researchers, it is important to explore how these sources of information are used by young people and what sources of information are most valued.

### **2.5.1 Internet as a source of information on NPS**

Over the last 15 years the internet has increasingly become a central feature in the ways we communicate and access information (Hillebrand, Olsyewski and Sedefov, 2010). An EU survey found that the internet was the most popular source of information for young people aged between 15-24 years about illegal drugs and their use (Hillebrand, Olsyewski and Sedefov, 2010). New forms of communication through the Internet have caused significant change in consumption patterns, production, promotion, distribution and access methods to NPS (Sumnall, Evans-Brown and McVeigh, 2011). The internet provided a revolution in information and communication (Bigdeli et al., 2013) on websites relating to NPS include briefing papers, government reports, articles, grey literature, drug websites such as Drug scope, Talk to Frank and Know the Score, blogs, social networking, chat rooms, Wikipedia and daily news feeds. There are also specialist online drug forums such as Blue light, and Erowid with their well-informed moderators (Griffiths et al., 2010).

Some research suggests there is a demand for the specialist drug forums as they provide shared, first-hand information on the most recent NPS (Cinosi et al., 2014) and are a response to a perceived need for users to understand possible behaviours and consequences (Davey, 2012) acting like an online peer group. Norman et al., (2014) found that groups communicate online anonymously about different drugs, which results in much more interaction and communication between drug users than would have been possible before. The study suggests that this virtual world is like the sub culture group that Becker, (1963) refers to in relation to smoking cannabis. Members of these groups join to find out about new drugs or drug experiences and to communicate with like-minded individuals

without judgement (Norman et al., 2014). The authors state that new users can be reassured and given advice by more experienced users and therefore this acts as a protective factor (Norman et al., 2014).

In contrast, many research studies doubt the usefulness of these websites, stating that these are largely unregulated, and the quality and accuracy of this information is unknown (Fattore and Fratta, 2011). Harris (2013) argues that anonymity can have a negative impact on the accuracy of information on the internet as they feel dissociated to the information. The dangers and risks of the internet as a source of information, despite intermittent monitoring, is largely unknown, along with the intentions of the members (Montagne, 2008). It is also possible online to explore websites selling and providing information on these substances (Hillebrand, Olszewski and Sedefov, (2010) report that only half of retailers provide warnings about potential dangers of use however, this information is only in relation to physical/mental health conditions or operating machinery. Information on main active ingredients and/or their quantities is lacking, particularly for new products. These findings highlight the inconsistency and inaccuracy in the information that can be obtained from retailer's websites.

This again links to the risk perception of young people and their false sense of security. Interestingly, some studies report that young people who used the internet to inform themselves on substances found that, while searching increased knowledge of substances, it also normalised risky behaviour (Deluca and Schifano, 2007). This reveals that people who have no previous information or experience may be porous to new ideas presented on the Internet. Without monitoring or guidance, the internet is full of websites with varying levels of accuracy but, what is not clear is the intention and/or motivations of the authors and website administrators. The internet is such a massive potential source for information it is important to explore what internet sources young people value as accurate and honest in relation to NPS, this will help understand how they perceive them.

### **2.5.2 The media as a source of information on NPS**

The media continue to be one of the most important sources of information about issues outside of the public's direct experience and is especially significant with a controversial topic such as substance use (Marsh and Melville, 2011) and plays an essential role in shaping the public's understanding and perception of drugs (Brownstein 1991). In 2007 the IPSOS-MORI survey found that for those people who knew about drugs, they got their information from the media (Home Office, 2015). The UK national media around NPS focused on death and tragedy with eye catching headlines such as "Legal High drug deaths Soar in UK" (Travis, 2014), "Rise in deaths from 'legal highs' in the UK" (Mazumdar, 2014) and more recently "Zombie drug is being mass produced in Chinese Labs" (Davies and Curtis, 2017). However, there has been disagreement about the extent of the danger and risks of NPS which is often misleading and overestimated (Blackman and Bradley, 2017), questioning whether the media are a reliable and accurate source of information on NPS. Additionally, it is important to explore the impact this type of reporting has on perceptions which influence behaviour.

Previously, the appearance of new substances occurred every several years in the UK (Sumnall, Evans-Brown and Mcveigh, 2011) and, despite research, not much is known about the chemical make-up of each type of NPS including what ingredients are legal. This confusion and lack of clear knowledge complicates the reporting of the UK drug scene. There is a large body of literature which argues that instead of presenting a balanced accurate view of NPS, the media focus on the possible harms and risks from specific substances, magnifying and dramatizing drug problems with the 'routinization of caricature' (Reinarman, 1997, pg. 101). The media play a crucial role in crafting the worst cases of drug use to seem like typical examples, displaying these cases as an epidemic. One of the biggest issues with media reporting of drugs is over reporting or misreporting of drug deaths or harms which can contribute to a 'moral panic' about substances and their youthful users.

Moral panic is created when a social group, the "folk devil" in this case SC users are identified as causing an issue of exaggerated public concern through their behaviour which is considered immoral and a threat to a moral society (Flinders and Wood, 2015). The most recent print media stories include headlines such as; "Prisoners high on 'zombie' drug Spice attempt to dump inmate in BIN after he

flies into drug-fuelled rage” (Howes 2017) and “Zombie Spice Addicts Plague” (Lusher, 2017). Users of SC are presented as zombies and violent criminals supporting the theory that the media create ‘folk devils’ and the moral panic caused by the media only served to reduce their overall trust in the media. Crossley (2014) discussed extreme reporting such as “student, 19, sliced off his own penis after stabbing his mother while high on meow meow” as over the top reporting which made these stories difficult to believe on any level and therefore readers disregarded the whole article as inaccurate. Some online media sites claim that despite most well-meaning journalists many stories contain inaccurate or misleading information about substances (Jones and Qureshi, 2017). This includes NPS where the terminology to describe these substances is often wrong and negatively impacts the perceptions of users.

Media hysteria is the process that happens after many sensationalised, inaccurate and misleading stories on a similar theme are reported, leading the public into a frenzy about the possible consequences and an epidemic. It is well documented that causing mass hysteria from unfounded myths has negative impacts on society (Cohen, 2002). One example of media hysteria is the number of deaths allegedly linked to the Mephedrone (previously legal) which resulted in a variety of misinformation about the drug’s effects and dangers (Davey et al., 2010). The media presented a grossly distorted view of how people act after taking “bath salts” which was very different to the description presented in the scientific literature (Sullum, 2016).

Previous drug scares generated by the media are specific versions of moral panic with a substance thought to be inherently risky and dangerous (Coomber et al., 2013) however, in recent times the media have focused more on the elaboration of possible risks and harms associated with illicit drug use. It is argued that alongside moral panic, the consistent inaccuracy of reports leads to a mistrust in the media (Halsely and White, 2008). Some research even suggests that misreported information about drugs can have the opposite effect to that intended; making these substances more desirable. Norman et al., (2014) suggest that the sale of NPS increased after the media hysteria. This study found that in 2010 when Mephedrone was banned in the UK, this was followed by news and media reports of 18 deaths linked to this drug (Forsyth, 2012) and that web

interest in buying Mephedrone peaked when online news stories reported deaths from the drug. These alleged deaths were identified online and subsequently proved false alarms. This reveals that the 'panic' that the media created increased the number of users and therefore sales of mephedrone dramatically increased.

This highlights how the media can exert a powerful influence on public attitudes and even behaviour (Gilens, 1996). The media act as an unintentional source of information that makes specific substances popular by printing and reprinting stories about them, making them more attractive to the curious user or to individuals who may never have heard of them (Marsh and Melville, 2011). It is important to explore what sources of information young people value in relation to NPS. This can help policy makers and health professionals target accurate information in the right way using the most effective routes of communication.

## **2.6 Gaps in academic and professional knowledge of NPS**

To summarise the points raised above, there is conflicting evidence debating how NPS legislation influences the perceptions of young people, therefore it is important to explore what this impact is on a range of younger populations and whether legality has an impact on the attractiveness of these substances. The literature documents an ever-changing reputation of NPS with the attractiveness dependent on the desired effect. It is important to explore what NPS are perceived to be attractive and what factors contribute to these perceptions.

In addition, it is important to explore how young people define risk in relation to NPS, and how this relates to their self-development and identity. The literature shows there is a relationship between identity and substance use which ultimately impacts on their perception of risk and risk-taking behaviour. It is important to explore how young people view NPS and what factors influence perception of risk around these substances. The main type of research conducted on NPS are non-probabilistic surveys focusing on specific populations. There is a need to carry out more detailed studies exploring perceptions of NPS among younger populations. Currently there is very little in-depth research exploring the

perceptions of risk around NPS and no research exploring the relationship between risk, NPS and identity.

It is necessary to explore how NPS are perceived with consideration to labelling and the possibility of substance normalisation. The presence of stigma and substance use have many implications for how we educate and work with young people and how to keep them safe. Due to the range of these substances and their continued evolution, there is a gap in the research about how young people perceive them and the links to their current identity. This highlights a need to explore further what young people think about these substances.

There is a debate in the literature about the reliability and accuracy of sources the internet offers, and it is important to explore how young people use the internet as a source of information, what information is valued and why. The media are powerful in the relationship between the public and drugs however, the combination of a lack of clear knowledge on what these drugs are, what they are made of, what ingredients are dangerous and illegal, and how inconsistent and inaccurate reporting has led to a moral panic. Media hysteria and sensationalised drug stories have had an impact on how NPS are perceived. There is need to explore how young people view the media in relation to NPS. There are gaps in the literature that have implications for how we work, educate and inform on NPS. It is important to explore these gaps in knowledge, understand how NPS are perceived and identify how to make a positive contribution to the field.

## **2.7 Conclusion**

This literature review has highlighted the debates, inconsistent findings and gaps in the literature regarding the impact of the legal status on NPS, their attractive features, and the relationship between young people's perceptions of risk, identity and NPS. Stigma theories have been outlined, critically discussed and linked to this issue with regard to risk, the labelling and normalisation of substance use and creation of moral panics around NPS. Finally, sources of internet and print media information on NPS have been considered.

The argument has been made that more research into how young people perceive NPS in relation to the issues raised in the literature is needed. An exploration of variations in these perceptions, and what factors influence these perceptions, is needed along with an in-depth exploration of young people's perceptions of risk around NPS and how this relates to identity. This information may contribute to academic qualitative research and wider professional knowledge base on NPS.

The next chapter outlines the methodological approach taken in this study and the methods used to conduct it.



## **Chapter 3. Methodology and methods**

### **3.1 Introduction**

This chapter will explain the methodological approach taken and how the researcher addressed the research problem and answered the research questions. The first section will explain the choice of research methodology. It will then go on to explain the ethical issues involved, the process of ethical approval, the methods of sampling, collecting data and data analysis. The latter part discusses the self-reflexivity process of the researcher and issues of trustworthiness.

### **3.2 Theoretical approach / methodology**

This section provides the foundation for the research paradigm and the chosen qualitative methodological approach to data collection and analysis. Because of the emphasis this research places on the perceptions of young people and exploration of their beliefs about NPS, a post positivist approach was deemed more suitable than a paradigm that focuses on testing a hypothesis. Exploring how these young people construct their beliefs (or reality) would be best suited to an approach that enforces an awareness of the way in which we perceive and experience the world (Hoffman, 1991).

#### **3.2.1 Ontological and epistemological assumptions**

Ontology has been described as the nature of reality (Hudson and Ozanne, 1988), what is out there in the world. Epistemology is concerned with what we know and can be defined by the relationship between the researcher and their reality (Carson et al., 2001). Both act as foundations of the approach to a research question in which there are two dominant approaches: positivism and interpretivism.



### **3.2.2 Theoretical assumptions**

From the 1930s through to the 1960s, positivism was the dominant epistemological paradigm in social science stating that the social world exists externally to the researcher and therefore its properties can be measured (Gray, 2014). Research is based on scientific observation and we search for facts not values in worlds with a strict set of laws which science had to discover through empirical inquiry (Carson et al., 2001). Positivist researchers remain detached from participants and seek objectivity using rational and logical approaches to research (Carson et al., 2001). From this approach came a number of post positivist approaches which hold that there is an independent reality to be studied however one can only approximate the truth (Gray, 2014). Almost a complete opposite approach to positivism, is interpretivism. In relation to ontology and epistemology interpretivists believe reality is multiple and relative. Interpretivism suggests that the laws of science and the social world are different and therefore require different methods to study them. The knowledge acquired is considered socially constructed rather than objectively determined (Carson et al., 2001, p.5) with the goal to understand and interpret the meanings in human behaviour and other subjective experiences which are time and context bound (Hudson and Ozanne, 1988).

There are different theoretical paradigms available however positivism and interpretivism are among the most influential (Gray, 2014). In relation to interpretivism one must believe that things exist apart from our experience and knowledge of those things, therefore being a realist about ontology. Social constructionism is an interpretivist approach that examines the development of jointly constructed meanings of the world that form the basis for shared understandings of reality (Burr, 2003). Burr (2003) argues that how we understand the world is shaped by others, which makes a person's reality unique. A researcher's theoretical paradigm influences how they see the world, it informs their ontological and epistemological positioning and from these, flow the types of research questions they are likely to ask and the methodological approaches they take to answering these. In line with the symbolic interactionist approach, the study is centred around the sociological Chicago school movement which

provided the basis for research exploring the influence of social structures (Blumer, 1969).

### **3.2.3 The nature of social constructionist knowledge in relation to this study**

In terms of background, social constructionism is historically rooted in symbolic interactionism and phenomenology and originates with "The Social Construction of Reality" (Berger and Luckman, 1966). Social constructionism originated as a concept to address the nature of reality (Walker, 2006) where all knowledge is linked to our social constructions of the world (Burr, 2003). This approach looks at how people or groups socially construct world experiences and interactions and make sense of it, giving it meaning (Braun and Clarke, 2006). Social constructionists focus on the processes by which meaning is created, negotiated and modified (Walker, 2006). Individuals and groups interacting together in a social system form, over time, concepts or mental representations of each other's actions (Berger and Luckmann, 1966). This subjectivist approach assumes that we cannot separate ourselves from what we know, and reality cannot be separated from our knowledge of it (Berger and Luckmann, 1966). Therefore, there is no objective truth but a 'truth' that is negotiated through dialogue (Walker, 2006).

This is a prime ontological assumption in Interpretivism / Subjectivism where social phenomena and their meanings are continually being changed and revised through social interaction. Social constructionism was chosen as the ontological approach in this study as the research will explore the construction of perceptions between the participants' and the researcher's own accounts of the social world (Bryman, 2001). The epistemological approach chosen is Interpretivist, as this rejects absolute facts and suggests that facts are based on perception rather than objective truth. This approach was chosen as conclusions of are derived from the interpretations and perceptions of the participants rather than the theories of the researcher (Corkill, 2006). The researcher's academic and vocational experiences provide the specialist knowledge to understand the meanings, values and contexts of the young people in this study.

The experience of people in society involves creating an identity, from social interaction in groups. This identity evolves from the social interactions of people, with meaning and experiences being produced and reproduced (Burr, 2003). A

researcher working within a constructionist framework does not focus on individual accounts or psychologies but instead seeks to theorise the socio-cultural contexts that motivate these individual accounts (Burr, 2003). One major aspect is the power of language, the way ideas and beliefs are shared between people (Walker, 2006). A qualitative approach can be used to observe the process of how meaning is constructed between individuals and groups.

Research from a constructionist perspective is mostly carried out using qualitative methods (Ritche et al., 2013). One important factor is the assumption that it is the dialogue between researchers and participants that results in a joint construction of reality within focus groups and interviews (Ritche et al., 2013). The construction of experience is then dependent on the social group, their dialogue and how the researcher informed and interprets these interactions (Sandu, 2016) therefore it is a co-production between the researcher and the researched (Burr, 2003). For example, the researcher's own assumptions must inform the focus group questions and the analysis of the dialogue is not separate from discussion. This approach acknowledges the researcher's integral role in the research and that construction of meaning is a combination of the participants and the researcher immersed in a society. Furthermore, the use of focus groups gives the researcher access to the construction of meaning and social action being performed by the group participants (Barbour, 2007, pg. 37). Focus groups enable the young people to co-construct their understanding of NPS.

The research aim of this study is to explore how young people perceive NPS, specifically focusing on any variations between young people, which may arise in discussion. The process of analysing people's constructions seems the most appropriate approach to answering these questions. A qualitative methodology was chosen to explore a small sample, in depth, to understand and explore their differences in perceptions. The researcher intended to remain open to new knowledge throughout the study and let it develop with the help of her informants. There is a limited amount of qualitative research exploring NPS and young people therefore the constructionist approach is the most suitable as patterns of meaning will be developed throughout the research process (Creswell, 2003).

### **3.3 Research topic and research questions**

The current research study explores young people's perceptions of Novel Psychoactive Substances (NPS). In relation to the increase of negative health reports, hospital admittances and even reported deaths, the study also focuses on risk and how young people define risk in relation to these substances and how this links to the construction of their identity.

#### **3.3.1 Research objectives and questions**

The overall aim of this research is to gain a deeper understanding of young people's perceptions of NPS. It focuses on three aspects of perception.

- i) Young people's perceptions of Novel Psychoactive Substances (NPS)
- ii) To explore variations in young people's perceptions across a range of social settings
- iii) To explore how young people, define risk in relation to NPS and how this influences their construction of self-identity

The first objective explores young people's general perceptions of NPS. Currently, there is very little qualitative research relating to NPS particularly in relation to young people and therefore provides a contribution to understanding. The second objective explores any variations in perceptions of NPS among young people from a range of backgrounds including educational settings, a youth centre, youth hostels and specialist drug and alcohol facilities. This is to ensure a wide range of narratives about NPS are explored. The third objective explores the relationship between the perception of risk around NPS and how young people frame these substances in relation to taking and managing risk. Risk taking links to identity development and this objective seeks to explore the relationship young people construct between NPS, risk and their own identity.





### **3.3.2 The choice of qualitative methodology and methods**

Quantitative research methodology enables the generation of numerical or statistical data (McLeod, 2008) and is used to quantify attitudes, opinions, behaviours and other defined variables including generalising results to a population of interest from a sample. Quantitative researchers aim to establish general laws of behaviour and phenomena across different settings/contexts and research is used to test hypotheses and ultimately support or reject these (McLeod, 2008). Research uses measurable data to formulate facts. Quantitative data collection methods include various forms of surveys, interviews, website interceptors, online polls, and systematic observations (Korrapati, 2016)

Qualitative research methodology is primarily exploratory research used to gain a deeper insight and understanding of motivations, opinions, perceptions and underlying reasons for human behaviour (Denzin and Lincoln, 1994). This approach seeks patterns in the data collected. Qualitative researchers attempt to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin and Lincoln, 1994). Data collection ranges between unstructured and semi structured methods including: focus groups, individual interviews, documentary analysis and participant observation (Korrapati, 2016). Given the level of detail and amount of data yielded by such approaches, sample sizes are usually small (Korrapati, 2016). Based on the research aims, the age of the participants and the topic, focus groups were chosen as the best method to collect data followed by one to one interviews. *NVivo* guided thematic analysis was used to analyse the data.

The study utilised a generic qualitative approach to accommodate the boundaries of the research questions (Kahlke, 2014). Generic qualitative studies aim at a rich exploration of the phenomenon under investigation and therefore are highly inductive. This approach allowed the researcher to explore young people's perceptions in-depth (Merriam, 2009). Furthermore, generic studies seek to understand how people interpret, construct and make meaning from their experiences which accommodates the study's social constructionist stance.

This generic qualitative study research process was similar to the process involved in a grounded theory approach “but without attempting to derive a substantive theory” (Kahlke, 2014). Grounded theory was originally considered as a qualitative methodology however the researcher was familiar with the most recent research carried out on NPS therefore aiming to derive theory through the processes of Grounded theory may have been influenced by the in-depth knowledge of the researcher. The researcher had too much knowledge on NPS therefore the theory may not have emerged independently from the data but rather from the subconscious pre-existing knowledge possessed by the researcher.

Similarly, the use of Phenomenology was also considered however this approach focuses on *how* human beings experience their world. Phenomenology provides the researcher, the opportunity to put themselves in another person’s shoes and understand the subjective experiences of the participants (Sutton and Austin, 2015). However, the current study focused on the young people’s perceptions and not their behaviour and it was decided that this approach may encourage young people to discuss their “lived experience” (Cooper and Endacott, 2007; Sutton and Austin 2015). Consideration was given to alternative qualitative methodologies however to meet the research aims in line with the social constructionist approach, a generic qualitative approach was chosen.

### **3.4 Research ethics**

#### **3.4.1 Beneficence and non-maleficence**

The study adhered to the principles of beneficence (research studies designed to benefit people) and non-maleficence, research studies designed not to intentionally hurt or harm people (Macklin, 2003). The purpose of the study is to explore young people’s perceptions of NPS. These substances are relatively new in relation to recreational drug use and therefore not much is known about them, particularly in relation to perceptions; therefore, gaining young peoples’ participation in the study was crucial to achieving the aims. In relation to beneficence, the study is design to collect in depth data to benefit people. The

information from the study was used to inform youth services about how these substances are perceived. This can contribute to their working practices with these young people at a personal level and to local and national policy development. The study was designed not to cause hurt however, to reduce or remove any potential harm in relation to the sensitive and some controversial nature of the topic, a specialised youth worker was available after each focus group and throughout the research to provide information and support if required.

The research is based on perceptions and not experience. This is an important distinction, made to avoid, prevent and minimise issues of disclosure to other members of the focus group. One possible benefit of this research was that young people above the age of consent were provided with an opportunity to participate in a study about a relevant and current topic. Careful consideration of the topic and the method of data collection took place at every step of this research study to ensure that all issues and potential risks were avoided, and the young people's welfare came first.

### **3.4.2 Respect for human dignity**

This principle includes the right to self-determination and the right to full disclosure as outlined by Polit and Beck (2017) and the current study was undertaken in accordance with these ethical standards. In relation to self-determination, participants have the right to decide voluntarily whether to participate in the study without risking penalty or prejudgement. Participants also have the right to ask questions, refuse to give information and to withdraw from the study (Polit and Beck, 2017). In relation to the right to full disclosure, the researcher fully described the nature of the study including possible risks and benefits (Appendix 2), given this information participants therefore had the right to proceed or withdraw.

Based on the sensitive nature of the research topic, consent was sought from the Merseyside Children's committee which governs the educational institutions and youth centres across the area. A meeting was set up during the ethical approval process, more than six months before data was collected. The head of the

committee approved this research and provided a list of organisations for the researcher to contact. With this permission, direct contact was made with over twenty organisations offering a range of services for young people, to arrange further meetings. Organisations originally contacted included youth centres, family centres, colleges and health services for young people and families.

Despite a wide range of youth groups and educational services existing across the Merseyside area, problems obtaining consent from educational organisations were experienced. Organisations seemed distrustful or unwilling to engage with the topic content of the study. This problem was addressed and resolved with the assistance of the Children and Young People's Department Merseyside. This overarching service encouraged organisations to participate based on the important nature of the topic. A specialist Liverpool based drug and alcohol service also assisted in identifying relevant services for this study. In addition, participants were given access to a variety of information and support sources around NPS, including youth workers and specialised staff in this area.

Out of twenty organisations contacted, five were identified as suitable and organisational consent was sought. Unsuitable organisations included: family and babies' centres, individual and group therapy services and organisations catering for young people under 16 years. The age group 16-24-year olds was chosen as the study wanted to explore a range of attitudes and perceptions from different youth settings. The study included young people that could provide their own consent to participate and contribute their views and perceptions to the study. Current research into NPS had shown that this age category had reported more use than in other age categories (Shapiro, 2016) and therefore it seemed the most appropriate age group to target. Young people in this study all were in line with the Fraser guidelines to ensure the rights and wishes of the young people were met (NSPCC, 2016).

The process considered the interests of all potential participants therefore, the full research study proposal was provided to each organisation. The best ways to disseminate the information and recruit participants were discussed and the researcher spent much time within these organisations familiarising herself with their services and the young people using them. Service managers organised

informal meetings and a summary of the researcher's role was provided. In these meetings Participant Information Sheets (PIS) and consent forms were provided (appendix 3) and the concepts of confidentiality and anonymity (Munro, 2007) were explained. As in some of these services, attendance is often transient and inconsistent, information about the study was left with management and the researcher returned a few days before a planned focus group to provide more information and recruit further. Despite this, some participants were recruited on the day of the focus group, provided with the PIS and guided through the sheet individually or in the group that they arrived with, ensuring they all had adequate information to give consent but knew their right to decline participation or "withdraw at any time, without giving a reason". On the day recruitment was typical in youth club centres and supported living accommodation when attendance in shared areas was transient. Recruiting young people beforehand within non-formal organisations was difficult, particularly without payment, therefore young people were asked to participate on the day.

This process is in line with current Department of Education (DfES) guidance (Department for Education, 2004). Permission to be audio recorded was sought in all focus groups and interviews and included on the consent form. Depending on the nature of the service, some consent forms were taken home, signed and brought back on the day of the meeting or they were signed before the focus group took place under the supervision of staff.

Alongside the ground rules, participants were reminded that any shared information that could be regarded as a risk, as defined by each individual organisation's ethical guidelines, was to be reported to an appropriate member of staff and/or external organisation. The organisations had rules on reporting the use of illegal substances, under which young people could confide in staff and would remain anonymous unless the behaviour was considered a risk to themselves or others. The study focused on perceptions of NPS however if a young person described a personal experience of illegal substance use the researcher subscribed to the guidelines of the individual organisation. This meant that if, to explain their perceptions, a young person disclosed information on personal illegal drug use or that of others, it would only be disclosed if that person seemed at risk or posed a risk to others (as defined in the organisations

guidelines on disclosure). To ensure an ethics of care the researcher provided information/access to information options at the end of sessions (Farrimond, 2013). A qualified specialised youth worker was also made available. However, if information was disclosed that put the young person at risk, this information would be reported to the supervising staff member in the research site and ultimately the manager. This was emphasised in the ground rules before each focus group.

The young people appeared to be familiar with these rules and a qualified youth worker was made available after sessions to talk through any issues that the young person did not want/could not share in the group. At the end of each focus group and interview ethical measures for debriefing were followed. Young people were reminded about confidentiality and provided with information on where to access information or support in future. The researcher observed the young people during the sessions and noted if any young person required more information at the end of the session.

#### **3.4.3 Justice – fair treatment, privacy, confidentiality and data protection**

Within the present study everyone in the project was treated fairly and with respect. Full disclosure about the study was provided to every participant and no participants were coerced into taking part. To ensure the young people had enough time to consider participation, research services were provided with PIS and consent forms two weeks before the planned focus group. In instances where young people were recruited on the day, the researcher took time to explain the research study fully allowing young people to ask questions and fully explained their rights as a participant. Confidentiality was considered at every level and all issues were presented to and discussed with participants. The issue of confidentiality within a focus group was discussed at the beginning of each focus group (Krueger, 2002). Great effort was taken to ensure the meetings were private and participants were reminded not to disclose or share anything about what was said in discussion. Although the researcher reminded participants that personal experience was not directly being researched, most used personal experience to explain their perceptions. All these points were set out in ground

rules (appendix 4) handed out and discussed before each focus group, again reminding participants to respect other groups members. To ensure anonymity through the research process, the participants and the participating organisations were coded appropriately (Appendix 5).

For additional support a youth manager recruited from a local Merseyside drug and alcohol service offered to be available at the end of each session should any of the participants need to speak to someone with a specialised knowledge base of NPS. The youth manager was initially contacted for professional information about NPS in the local area and relevant issues that should be considered in relation to the focus group questions. This local service had worked with the public health department, where the researcher was based at the time of conducting the data collection, and both organisations had a longstanding professional relationship. Once informed of the research study and aims, the youth manager offered to connect services, share knowledge and support the study. At the time data was collected, NPS were relatively novel in the area but were becoming evident among young people, this project offered a chance to explore what young people perceived about these substances.

In line with ethical procedures, specialist staff were recruited in case of any participant distress and to provide information or signpost young people to any additional services they may require. For example, if a young person disclosed any issues or problems within the focus group or if the researcher became aware of these, a staff member was informed at the end of the session.

As an additional safeguard, all recordings and subsequent transcriptions were kept in a locked cupboard in the office of Centre for Public Health. A digital recorder was used, and recordings transferred to an electronic device after every meeting. All research documents have been password protected. One focus group declined permission to use an audiotape and rough notes were taken. Directly after the meeting, these were written up and securely stored.

### **3.5 Ethical approval**

Ethical approval was sought and gained through the University of Wolverhampton's Faculty of Education, Health and Wellbeing Ethics Committee. The initial application for ethical approval was approved subject to conditions. The ethics application followed the principles outlined in Beauchamp and Childress, (2013). Additional considerations included detailed information on how to further safeguard young people. To overcome the difficulties of conducting research with young people and the potential risk of uncovering information that suggests a person is a risk to themselves or others, or illegal information. The researcher developed a professional relationship with the Head of Children and Young People's services in Merseyside to ensure the young people were safeguarded within ethical guidelines of the University of Wolverhampton and those of each of the services that work with young people. Each service had their own individual guidelines how to safeguard young people. This included the safeguarding policy that each service had on the discussion of illegal drug use. Additional information was also provided on the method of data collection, specifically the interviews that took place after focus groups. Once all questions were considered the ethics committee approved the changes and a final letter of ethical approval was obtained (see appendix 6).

### **3.6 Sampling strategy, recruitment and sample characteristics**

The recruitment process is outlined above (see Respect for Human Dignity). All organisations met the inclusion criteria for sample recruitment

- **Inclusion Criteria:** Liverpool and Wirral based services for young people between the ages of 16-24 years. Youth services which were contacted included; youth clubs, colleges, universities and specialist services such as drug and alcohol centres, supported living accommodation for young people, youth offending services and hostels for homeless young people.
- **Exclusion criteria:** youth services for young people under 16 years old, youth services which required NHS or other public service ethical approval, such as young people in social care services.



Participants were recruited mainly using purposive sampling, selecting participants who met the above criteria in line with the research aims (Palinkas et al., 2015). Purposive sampling allows the researcher to recruit people with characteristics of relevance to explore a research topic in depth (Palinkas et al., 2015). Before contacting these services, permission from the Children's and Young People's Department Merseyside was sought (Appendix 7). Three of the participating organisations were recruited under the umbrella of the Children's and Young People's services however, they asked to remain completely anonymous in name. In this instance a youth group and two educational services. The three additional research sites were contacted through professional contacts with youth services. All participating organisations were coded appropriately (Appendix 8). The recommended research sites that fulfilled the criteria for the study were contacted and, once an initial phone call had been made, the researcher arranged to meet with staff to discuss the research and expectations. All participating organisations asked to remain anonymous out of respect to the participating young people in their service. Permission was sought and granted for all participating organisations.

The study utilised a two-layered sampling approach: purposive and then convenience-based sampling. Firstly, purposive sampling was adopted in the recruitment of suitable organisations providing services to young people that could be recruited with the characteristics necessary to answer the research questions. The study employed maximum variation sampling (Guetterman, 2015). This purposeful sampling technique attempts to capture a wide range of perspectives relating to the topic to gain greater insights into this phenomenon by exploring it from all angles (Polit & Beck, 2017). As a result, a range of research sites were included: educational groups, a youth group, hostels and drug and alcohol services; this ensured a range of young people participated in the study. Once recruited, focus groups in some organisations were prearranged such as in the educational peer groups however, in some of these organisations, due to the transient nature of their client base recruitment took place on a convenience basis, recruiting participants who were present and willing to participate on the day (Gentles et al., 2015). This approach was the best method for recruitment given the nature of the organisations. Prior to the focus group, a time and date to

attend the research site was arranged and respondents were recruited based on current attendance.

In total forty young people aged 16-21 years participated in the focus groups (mean age 17 years old). Thirty one out of the forty were males and nine were females. Initially the study aimed for a balance of both males and females however there was very little opportunity to recruit females in the services that agreed to participate. Therefore, as a result of the opportunistic sampling, availability and motivation to participate in the study there was a significant gender imbalance in which less than a quarter of participants were female. Nineteen young people were recruited from supported living accommodation settings thirteen from educational settings and eight from youth groups. During recruitment there was very little response from educational settings to participate and almost no response once the nature of the study was disclosed. Despite the exploration of perceptions and not experience, two educational settings stated that it did not support or condone the use of substances (illegal or legal) and would not feel comfortable having young people discuss these topics. The study recruited two educational groups however, this gateway access may have prevented more educational research sites participating. To overcome this the researcher recruited from local youth clubs to ensure a range of settings were included.

Group 1. Supported living accommodation. Three males (initially four young people however one young person left before the session began) 22 -16 years (mean = 19.1 years).

Group 2. Supported living accommodation. Three males 17 – 20 years (mean = 18.7 years)

Group 3. Educational setting. Ten people; five females and five males 16 – 18 years (mean = 16.8 years)

Group 4. Educational setting. Three females 16-17 years (mean = 16.3 years)

Group 5. Supported living accommodation. Seven males 16 – 21 years (mean =18.6 years)

Group 6. Supported living accommodation. Six people; four males and two females (16- 21 years (mean = 18.3)

Group 7. Youth club. Eight males 16- 18 years (mean =16.9)

Convenience sampling was used to recruit respondents for one to one interviews. Convenience sampling occurred when individuals who were available and willing after the focus groups were asked to participate in the interviews (Etikan, Musa and Alkassim, 2016). This type of recruitment was necessary as there had been little interest outside the focus groups to participate in interviews. However, one of the limitations is the impact on the sample, in that it was biased and not representative of the sample (Etikan, Musa and Alkassim, 2016). Young people who appeared to have a wealth of information and contributed to each question in the discussion were asked after the focus group if they would like to participate in an individual interview along with young people who appeared not to speak much, to ensure nothing was missed and to expand coverage of the topic (Morgan, 1997).

Despite the number of young people willing to participate in the focus groups, recruitment for interviews on such a sensitive research area proved difficult. Reasons for resistance to participation included: the research topic was sensitive and potential participants were concerned about confidentiality, lack of knowledge of the topic, embarrassment and no time.

Based on the data gathered in the focus groups from forty young people and the three interviews, the data appeared to have reached saturation point as no new information was emerging (Morgan, 1997), so no more young people were recruited.

### **3.7 Data collection**

Focus groups were chosen as the main method of data collection based on the research aims and sensitivity level of this topic (Krueger and Casey, 2015). Following the techniques of Robert Merton derived from the focussed interview (Lee, 2010) focus groups were used to better understand how people think about a topic and are designed to obtain perceptions in a permissive, non-threatening environment (Krueger and Casey, 2015). In line with social constructionism, focus groups allow for the young people to co-construct meaning such as what risk and

identity in relation to NPS means. They provide the researcher access to this performance and to see how norms are negotiated (Barbour, 2007). Focus groups provide an audience for the participants which encourages a greater variety of communication (Kitzinger, 1994). People take time to open up and share their honest opinions in a group discussion (Stewart and Shamdasani, 2014), and a successful discussion relies on an environment where participants feel comfortable and will not be judged or ridiculed (Krueger and Casey, 2015). However, it is possible that honest contributions can be limited due to fear of reprisal or judgement from the group (Kitzinger, 1994). To limit this impact, groups were comprised of a mix of young people from an environment where they were familiar with each other and shared friendships. The researcher wrote up notes after the focus group sessions (Appendix 9) alongside the reflexive diary to ensure best practice (Appendix 10).

From a social constructionist perspective, focus groups provide an environment for participants to respond to each other and develop discussion (Bryman, 2015). There is an emphasis in the questioning on a predefined topic and the focus is upon the interaction in the group and the joint construction of meaning (Bryman, 2015). For example, how the meaning of a word, such as risk, is constructed as a group consensus through social interaction and peer communication (Burr, 2003). This method also allows the researcher to build a view of interaction between the participants and observe variations in perceptions (Bryman, 2015). Focus groups are considered an inviting method for researchers from postmodern perspectives (Burr, 2003) as the group dynamic may reduce power disparities between the researcher and participants, creating data from multiple voices (Madriz, 2003).

In direct relation to the research aims, focus groups enable one to explore multiple perspectives at one time, providing a good overview of the topic (Bryman, 2015). In addition, it enables the researcher to gain insight into consensus or disagreement within the group, which can lead to an in-depth discussion (Kitzinger, 1994). Focus groups are considered an ideal approach for examining stories, attitudes, points of view, beliefs and needs of individuals (Kitzinger, 2005).

### **3.7.1 Development of focus group interview schedule**

In total thirteen questions were asked within the focus group (Appendix 11). A literature review was carried out to identify the gaps in the literature in relation to NPS and the focus group questions were created and shaped to explore these gaps. The questions 'focused' on knowledge of NPS, perceptions of risk and safety, sources of information and sources of support. The questions were loosely structured around these themes but left open to promote discussion about all aspects of NPS. Two of the questions included recent media stories relating to NPS (Appendix 12) which were included to promote discussions around experiences of NPS. Throughout the research process, these questions were adapted as the research progressed and topics emerged, and some topics needed more prompting than others. The first version of the interview schedule as used in the practice focus group is shown in Appendix (10).

### **3.7.2 Research settings**

Focus groups were carried out during the hours of normal activity of each setting. For example, youth clubs open in the evening therefore focus groups were arranged to take place in these times. Focus groups took place in a quiet, private room identified by organisation staff, to ensure participants felt comfortable and secure to be open and honest. The location of a focus group can have an impact on the respondents' discussion (Gibbs, 1997) therefore a neutral location that participants were already familiar with was chosen. An important feature for most participants was confidentiality, particularly in relation to organisation staff. Focus groups were carried out in a range of locations depending on the research site therefore a variety of settings were utilised (see description of focus groups below).

### **3.7.3 A practice focus group**

A practice focus group was conducted. Three males and one female aged 16-24 years participated to test the focus group questions and the possible length of the sessions. They were recruited through the professional social network of the researcher and the focus group took place in an office space in the researcher's

workplace. Twelve initial questions were used in the current study, however more prompt words were added to questions about knowledge of NPS and an additional question about support services for NPS was also added (Appendix 13).

### **3.8 The focus groups:**

#### **3.8.1 Group 1: Supported living accommodation**

Four males were initially recruited on the day of the focus group but one left after a couple of minutes. The meeting took place in their shared area and drinks were provided by the staff. The young people reported experience with cannabis and had some knowledge of SC. The discussions were dominated by personal experiences or hearsay and the researcher had to remind participants to stay on topic. The young people were happy to discuss all questions and the session went well.

#### **3.8.2 Group 2: Supported living accommodation**

Three males took part in this session, conducted straight after the first group and willing participants were recruited on the spot. One young person self-reported an extensive history of illegal drug and NPS use, so therefore had a lot of material to discuss. Although these participants were not familiar with each other, conversation moved freely, and all contributed.

#### **3.8.3 Group 3: Educational peer group**

The researcher met with the peer group moderator twice to discuss the research study and consent was obtained one month before the focus group. The meeting took place in their normal meeting room. It was private, and the young people asked if their moderator could sit outside and not in the room, due to the nature of the topic. Despite attempting to split the group into two (based on the principle of not more than eight people per session), the young people were familiar with each other and wanted to stay in the same group. Many of them appeared shy

and nervous and it was decided to go ahead with 10 people to ensure the participants felt comfortable to participate and there would be a good discussion. This session took a while to gain momentum as many of the young people were unsure what “legal highs” were. A description of NPS was provided based on the most current definition to prevent the discussion veering into unrelated topics. These young people reported very little or no experience of SC which led to new areas of discussion, particularly relating to the media and sources of knowledge. During the focus group, three more participants arrived however they were asked to participate in a separate focus group to ensure they had been fully briefed and consented to participate.

#### **3.8.4 Group 4: Educational peer group**

Three females arrived half way through the initial focus group and due to consent issues and size of the group it was decided to carry out a separate focus group. One young female requested not to be audio recorded therefore the researcher made notes. All three females had little experience with alcohol and drugs and no experience with NPS. This focus group lasted twenty minutes and more time was spent with questions using media stories to encourage some discussion.

#### **3.8.5 Group 5: Supported living accommodation**

This group was seven males. The staff helped organise the meeting time and it was conducted in the shared area of the hostel. Snacks and drinks were provided by the staff. The young people were familiar with each other and the atmosphere was relaxed. All participants self-reported experience with cannabis and some either personal experience or close peer exposure to SC, thus ensuring good discussions without prompts. Some used their personal experiences to explain their views however, the researcher ensured participants did not go off topic. The youth manager was asked to join by the young people and a long discussion about NPS and other substances was had after the focus group had ended. Most of these participants appeared well informed and these discussions highlighted gaps in knowledge in relation to staff training. To note, the youth manager did not actively engage in the focus group discussions or questions.

#### **3.8.6 Group 6: Supported living accommodation**

This took place directly after the first focus group in this venue. The same youth manager was present again at the request of the young people and participated in the discussion only at the end of the questions. This group was a mix of males and females, some with experience of NPS and cannabis. The females contributed the most to this discussion and the group was very forthcoming. As a result, a second part of the session was added as the young people had more to say about some of the questions, so this was a very successful group interview. One participant had to leave part way through for an appointment.



### **3.8.7 Group 7: Youth club focus group**

This focus group consisted of eight males recruited within the youth club. It was organised by the youth club staff two weeks prior and took place in a private, comfortable seating area. In the beginning, this was a particularly difficult focus group as the young people did not want to talk to someone who was viewed as 'authority'. However, it was explained that the researcher was as a student and that, within the ethical boundaries previously set out, our discussions would be confidential. I spoke with the young people informally for about fifteen mins before the focus group to gain rapport. The researcher is originally from the area and had lived close to where the youth club was based, so was able to use this as a conversation starter and to build trust. After a relatively humorous discussion about different local areas, the mood appeared to be more informal and relaxed and the researcher felt ready to proceed. The decision not to include a moderator was based on the attitude and mistrust these young people had about people in authority. Six of the eight participants were very close friends, self-reported using cannabis and strongly disagreed with the use of SC. Their exaggerated accounts of their experiences or boasting can be interpreted as performances of masculinity in which the young male participants were presenting themselves as dominate males who engaged in perceived 'grown up' activities. The discussions were dominated by two older males and much effort was made by the researcher to keep the discussion focused on perceptions of NPS rather than personal experiences with cannabis in order to disrupt the performances of masculinity. This focus group was audio recorded however there were a couple of breaks to reassure participants about confidentiality. Two of the participants did not participate unless directly questioned. The dynamic of the group was clearly dominated by the six friends and perhaps the other two did not want to express conflicting opinions. Once the focus group had ended, an attempt was made to set up an interview with these two participants, however both refused.

### **3.8.8 Overall**

The focus groups involving participants with experience of cannabis and/or SC, flowed quite easily through each question and in some instances the discussion moved on without prompting. Within these discussions the researcher mainly kept the discussion on topic. The two focus groups recruited from an educational setting had much less experience, which meant that some questions were not discussed in detail. However, these groups were still useful, and discussions relied on the prompts and the media stories provided for discussion. Most focus groups lasted about an hour, with the longest being 1 hour ten minutes and the shortest lasting twenty minutes. Groups with less experience took less time. Young people were asked at the end of each session if they would take part in one to one interviews should more information be needed, and three young people agreed.

### **3.9 Follow up interviews**

Three one to one interviews were conducted post Focus Group. Participants were recruited after the focus groups. Young people who did not contribute much during the focus groups, or had to leave before the session, were invited to interview. Follow up interviews are useful to explore topics less covered in focus groups to gain more depth (Kitzinger, 1994). Initially, the same focus group questions were asked, then the researcher focused more on the questions that had received less discussion. Topics were developed following transcribing each focus group and identifying gaps in discussions. Participants were reconsented and the first interview took place three weeks after the focus groups. Two interviewees had participated very little in the focus groups, so the questions were asked in the same order as in the sessions. Due to the lack of response or short answers provided, the researcher used Focus Group prompts (Appendix 11). Questions were more detailed than in the focus groups, allowing more depth and detail to emerge.

One telephone interview took place with a male who had not contributed much to the initial focus group discussion. At interview, he provided very short answers,

often saying he did not know. Despite using the prompt questions, it was very difficult to encourage discussion. The telephone interview technique resulted in very limited answers and generated little relevant data. One interview was conducted with a male recruited from an educational service. The participant did not want to be recorded so notes were taken throughout the interview. The participant reported experience with both illegal drugs and NPS. This interviewee did not need much prompting however little new information was gathered beyond comments made in the focus groups. The final interviewee initially consented an audio recording but felt uncomfortable about their voice being on tape. The researcher acknowledged the participant's discomfort and notes were taken instead. However, as with the first interview, little relevant data was generated.

Based on her experience of these interviews the researcher decided not to carry out more. Initially, interviews were to explore if more detailed answers would be provided in a private setting. It was quickly established that it had the opposite effect and it was decided not to recruit further young people for interviews.

### **3.10 Demographic information**

Participants were asked to complete a short demographic questionnaire recording: gender, age and postcode information (Appendix 14). Gender was recorded to explore if there were similarities and differences in perceptions between genders. Research studies within the UK have found that postcodes are a useful marker of socio economic status (Danesh et al., 1999) therefore postcode data was collected to explore if there were differences in perceptions based on socio economic status. Sexual orientation was recorded, as previous studies found differences in substance use between sexual preferences (McCabe et al., 2009; Russell, Driscoll and Truong, 2002). Based on the nature of the study and research organisations that agreed to participate most of the study sample was male (31 = M, 9 = F). In addition, the postcode information was recorded as either the site of the research organisation or not completed. There was not enough data in from these categories to make a comparison and it is argued that a minimum of 100 in a sample is needed to carry out any meaningful statistical

analysis (Denscombe, 2007). The researcher concluded that this aspect of the study was unsuccessful and somewhat pointless.

### **3.11 Data analysis**

#### **3.11.1 Transcribing**

The focus groups were recorded with a digital recorder, transcribed and data entered and analysed manually and within *Nvivo 10*. Detailed notes were taken of two face to face interviews (after the audio recorder was stopped) and phone interview was also written up from the researcher's notes. These were also analysed in *Nvivo 10* once the researcher had manually made initial comments. The transcription process is a useful way for the researcher to become familiar with the data (Onwuegbuzie et al., 2009). The transcription itself is a process of data analysis, subject to interpretation by the researcher (Onwuegbuzie et al., 2009). Transcription identifies incomplete sentences and half-finished thoughts which may reduce readability however, these nuances reflect how respondents think and talk about a topic (Onwuegbuzie et al., 2009). In the present study, both the participants and the researcher originate from the Merseyside area therefore additional footnotes for meaning were provided in relation to the Liverpool dialect. Due to the size of the focus groups and the lengthy discussions, the transcription process took four months to complete. A transcript example is included in (Appendix 15). The interview notes took a couple of days. The recordings were transcribed verbatim including all spoken words however, due to the amount of overlap not all non-verbal utterances were included.

#### **3.11.2 Thematic Analysis**

There are many research approaches that could be used to analyse focus groups. In this study, thematic analysis was chosen as a method for identifying, analysing and reporting patterns or themes within the data (Braun and Clarke, 2006). It is important to explain how this process was informed from a social constructionist perspective. In this study, the active role of the researcher is acknowledged in the 'discovery' of themes, in that the themes identified within the data are a combination of the data itself and the researcher's understanding of the data (Braun and Clarke, 2006). Within this study thematic analysis was informed by the social constructionist perspective as the research was exploratory and sought to obtain rich data. As thematic analysis is not linked to

any epistemological position it can draw on social constructionist principles (Braun and Clarke, 2006). Utilising thematic analysis within a social constructionist epistemology allows the researcher to examine the ways in which events, meanings and experiences are the effects of a range of discourses operating in society. This type of analysis allows the researcher to identify patterns as produced in social interaction (Braun and Clarke, 2006) which meaning, and experience are socially produced and reproduced (Burr, 2003). This approach aims to capture these sociocultural contexts (Braun and Clarke, 2006).

A reflexive diary recorded the coding process to identify how codes and themes were created and shaped (examples of reflexive diary. Appendix 10). This process allowed for the researcher to reflect and record her own active role in identifying the relationships and themes in the data (Braun and Clarke, 2006). Notes were made after sessions; how it went, what could have gone better. Notes about possible themes were also made after the sessions to start thinking about possible themes and sub-themes.

### **3.11.3 Analysis**

Thematic analysis included all data to ensure a rich overall description. This was to ensure that all important themes and patterns in the data were identified. To analyse the data, the stages of thematic analysis set out by Braun and Clarke, (2006) were chosen. The first phase focused on immersion into the data. Listening to tapes, reading notes, transcribing, memo writing, and reflecting are all important aspects of analysis. A theme is categorised as something important in the data in relation to the research question which represents a meaning or a patterned response (Braun and Clarke, 2006). To reach these themes and offer an assessment of the data from the participants' perspectives the researcher utilised the comparative method in Grounded theory by constantly redesigning and reintegrating the theoretical notions as she analysed the material (Glaser and Strauss, 1967). The research problem itself is discovered through emergence as a process of open coding, theoretical sampling and constant comparison" (Glaser and Strauss, 1967). To analyse the data in the present study the following steps (Braun and Clarke, 2006) were taken

1. Familiarisation with the data
2. Transcription of verbal data
3. Generating initial codes
4. Searching for themes
5. Reviewing themes
6. Defining and naming themes
7. Writing up and interpreting the meaning of the data

#### **3.11.4 *Nvivo* guided thematic analysis**

To ensure that a consistent approach was applied when exploring the data, the original research questions were revisited and considered in the interpretation and explanation of the data (Braun and Clarke, 2006). The researcher personally transcribed each of the focus groups and interviews to ensure maximum exposure to the data. During the familiarisation stage the researcher preferred to visualise all data on one transcript page. Due to the limitations of the programme this was not possible in *NVivo 10* thus the transcripts were printed and subsequently read and re-read between 4-6 times for coding purposes (Glaser and Strauss, 1967) and manually annotated to record initial thoughts and ideas. Once annotated, the transcripts were then analysed in *Nvivo 10* where initial coding took place. Both focus group transcripts and interviews were initially manually coded. Part of an original annotated transcript identifying initial codes is included for reference (Appendix 16). Once the researcher reached saturation point using this process, *Nvivo 10* was then used to examine the interview transcripts in more detail, ensuring line by line analysis of the transcripts (Bazeley and Jackson, 2013).

This process comprised developing the focus group data from emergent coding ideas into coding nodes using *Nvivo 10* following the steps of *Nvivo* guided thematic analysis (see appendix 17). Once the initial codes had been developed, they were combined to create a structured coding node system from the unstructured list of possible sub themes. This process involved analysing the data

from the emergent coding, the unstructured list of codes generated in *Nvivo 10*, and reviewed in line with the study's research questions and aims.

To enable clarity and pattern identification to emerge from the unstructured list, the researcher identified frequently occurring coding commonalities which enable the combining of similarly themed codes under the same code. To help further understand how the coding in *Nvivo 10* was derived from the initial coding ideas and annotations in the manually coded transcript, a worked example of a line by line manually coded transcript depicting the initial sub themes is provided in (Appendix 18). This includes a working example of grouping sub themes and the initial development of a core theme. For the purposes of clarity this example only identifies how the coding was grouped and reviewed in relation to the theme of Stigma. To further understand how sub themes were created a *NVivo* data extract with direct quotes/coding in the node, shame and disgust is included. These were exported from *NVivo* (Appendix 19). How this process was achieved relied on the interaction of the researcher with the literature and the theory to interpret the data.

Once the unstructured list of sub themes had been developed, the codes were organised as a hierarchical system, of child nodes and parent nodes to further understand them (QSR International, 2010) For the purposes of this thesis and to ensure the qualitative findings were accessible to a wider audience who may be unfamiliar with the operational technicalities of *Nvivo*, the aggregated child and parent nodes are respectively referred to as "sub themes" and "themes".

Once those 36 sub themes had been identified and hierarchically structured initially into 8 parent nodes, they were further reviewed and scrutinised to see whether any of the codes were similar and could be amalgamated. These 36 sub-themes were identified following an in-depth interaction with the literature around substance use and the use of SC alongside the interpretation of the participants meaning and body language. Close engagement with the data and the literature led the researcher to consider the meaning of the statements including how the information was presented. During the coding process, many statements reflected similar sentiments and over time the initial core theme of identity emerged (afterwards renamed Stigma). A similar process occurred in the



identification of the other two core themes. To help understand this initial hierarchical creation of core and sub groups please refer to a snapshot of the researcher's reflexive diary to see the initial list of themes and subthemes (Appendix 10).

Once the initial coding was completed the researcher explored how the themes support the data and the theoretical perspective, combining codes and identifying how they fit together (Onwuegbuzie et al., 2009). Moving between the literature, the theory and meaning grounded in the data, the researcher built up a holistic understanding and interpretation of the data (Glaser and Strauss, 1967) Coding node relationships were explored via modelling of nodes. At this point the thematic map was not coherent as there was not enough evidence to support some of the current themes and sub themes. The researcher reviewed and scrutinised the themes and sub themes in the initial list created and the final set of sub groups and subsequent themes were identified.

Following the steps of *Nvivo* guided thematic analysis the researcher conceptualised and aggregated the coding nodes, grouping together coding nodes which are conceptually similar into a hierarchical sequence of themes and sub themes (QSR International, 2010) "This process starts out in a small way; memos and possible conferences are short. But as the coding continues, the constant comparative units change from comparison of incident with incident to comparison of incident with properties of the category that resulted from initial comparisons of incidents" (Glaser and Strauss, 1967, pp. 108). This included removing any themes or sub themes lacking evidence to support their creation.

It is the combination of the researcher's understanding of the data with reference to existing literature, that creates a story within the data which evolved out of in-depth analysis and leading to the final list themes and sub themes. The final list with explanation of reviewing, defining and naming themes and sub-themes is presented below and for easy comparability to the initial list shown in Appendix 20. The researcher played an active role in identifying themes, sub themes and the relationships between them. The visual representation output options for themes and sub themes within *NVivo* seemed over simplified or too complex for

this data instead a final list of themes and sub themes seemed best to depict the findings.

### 3.11.5 Final themes and sub themes

**Knowledge acquisition of NPS** first-hand experience or peers

Internet

print media

head shops and websites

How the young people acquired knowledge of NPS underpinned the three main core themes of NPS which was influenced by the level of experience a young person had with NPS.

**1. Stigma (identity):** shame, disgust, intolerance

irresponsible behaviour

vulnerable and naive

cannabis compared to SC

The main core theme, 'identity construction' was renamed 'Stigma' as once the list had been grouped and redefined, the sub themes left represented different perceptions of stigma rather than the construction of identity.

The sub themes 'shame', and 'disgust' were grouped together and renamed 'shame/disgust towards SC and/or users of SC' as this evidence was similar in context. The 'freedom to choose' theme was removed as much of the evidence could be grouped under the sub theme 'cannabis compared to SC', leaving too little information to create a sub theme. 'Not seen as a real drug' was also removed for lack of evidence.

**2. Attractiveness:** availability: special shops (head shops), internet, peers

cost

legal status

stronger dosage/unknown risk

The core theme 'availability' became a sub theme of 'attractiveness' as there was not enough data to form a core theme however, it fit as a sub theme of 'attractiveness'. The sub theme 'availability' therefore had three sub-themes (in a sub-theme), shown above.

The sub theme 'stronger dosage', was amalgamated with 'dangerousness' and 'fun', as belonging to a similar theme and ultimately was presented with 'unknown risk' as they shared the same evidence.

### **3. Risk:** health consequences

- safety/ risk
- compared to illegal substances
- compared to cannabis (normalisation)
- impact of legal status
- positive risk

The sub headings 'it will not happen to me' and 'uninformed lack of knowledge' were removed owing to lack of data or merged into another theme. The sub theme, risk compared to cannabis (under the theme "risk") was analysed with the sub theme "SC compared to cannabis" (under the theme "stigma"). From this analysis of both sub themes, the researcher identified the process of normalisation of cannabis. The sub themes safety and the legal status was renamed impact of the legal status.

Three core groups were removed or merged and renamed into other themes: 'Perceived user population', 'types of support' and 'what should be done'. Redefining and renaming the themes took time as the researcher found it difficult to ensure all relevant data was discussed and not removed because of a lack of data. The theme, 'perceived knowledge' was renamed as 'sources of knowledge' and retained the sub themes: 'peers', 'Internet', 'print media' and 'head shops'. However, the sub themes relating to 'knowledge' and 'level of experience' were removed from the theme and were used to identity 'perception of NPS' in relation to level of experience and were split into three groups.

The sub themes were further broken down when it became clear that there were separate groups of young people in the sample based on their level of experience. The study explored the perceptions of young people from different environments: educational settings, youth settings, supported living accommodation and it became clear within the discussions that the level of experience with illegal substances and/or NPS impacted the level of knowledge,

and its value, that these young people had and their perceptions of different themes. Within *Nvivo* these groups were initially coded as 'knowledge of substances'. Subgroups were separated into either:

- High levels of experience with illegal substances and/or SC (either personally or through peer groups)
- High levels of experience with cannabis
- Little or no experience with either illegal substances or NPS

Sometimes the differences between the groups were split between these three groups depending on the participants' viewpoints and sometimes the discussions only differed based on level of experience with substances. The study did not explore experiences and therefore the differences between perceptions were based on how the young people presented their perceptions and reasons for these.

### **3.11.6 Discussion of the thematic analysis process**

As with all research methods, there are limitations to utilising thematic analysis (Gray, 2014). For example, identifying themes and patterns in the data is directly related to the active role of the researcher and their interaction with the data. How themes are identified and what constitutes a theme is dependent on the judgement of the researcher. Therefore, the research interests of the researcher are dominant in the identification of themes and complete in-depth analysis of the entire data is not possible. As a result, writing a reflexive log is paramount throughout the coding process (Auerbach and Silverstein, 2003). In addition, the flexibility of the approach means that data could be missed, or it could be difficult to discover important themes. In addition, there were some limitations with the use of *Nvivo 10*. The programme does not allow the researcher to add comments and ideas to the transcript page itself so that the transcript and comments can be seen together. The exported data from *Nvivo 10* does not allow the researcher to visually see the comments and ideas connected to the transcript on one page. In addition, it is not possible within the programme to export data from one transcript page to show the step by step creation of ideas and comments on the transcript pages, to the coding of initial themes, to sub codes and eventually to the creation of the main themes. To ensure understanding of this process the manual copies

of initial reviewing and comments, initial coding and the initial creation of the core theme, stigma and extracts from NVivo with direct coding quotes under the sub theme shame and disgust are all included in appendices (16, 18, 19). The final interpretation of the data is a combination of the data itself and the important aspects to the researcher (Braun and Clarke, 2006). Therefore, it is crucial that the researcher is aware of their own influences on the data. For example: gender, epistemological positioning, vocational experience. In relation to the present study, the researcher's previous experience working with vulnerable young people will have affected the themes identified for analysis, particularly around risk and safety. However, the rigorous process of analysis undertaken at every stage of the research process acknowledged this influence.

Within the focus groups, demographic data was also collected. Ultimately, the sample of forty was not large enough to carry out meaningful statistical analysis and the data was not analysed.

### **3.12 Researcher Positionality**

As discussed in the Direction of the study and in the section exploring the researcher's reflexivity, the background of the researcher, her biography and personal factors were extremely useful in relation to collecting data and establishing rapport with the young people. Conducting the focus groups with these young people required performance knowledge and know-how (Thurnell-Read, 2015). This was illustrated in three ways. Firstly, the researcher's knowledge of the city of Liverpool and the Wirral where the research sites were based meant she was readily positioned for conversations before the focus groups to talk about local and familiar places to build rapport. Detailed knowledge of the city appeared to break down some barriers and trust issues brought about by her assumed position of authority or confidentiality issues related to the topic. In most cases, the researcher spoke for over half an hour to the young people before the start of the focus group to ensure any concerns or barriers were removed or reduced. This included in depth conversation about football as the researcher is an avid fan of one of the city's main football teams. These seemingly irrelevant discussions connected the researcher to her city and her

shared experience with the participants. This was a particularly useful engagement in the focus groups with all males.

Additionally, the researcher spoke with a Liverpool dialect which appeared to reduce the amount of initial distrust held by the participants, particularly in two of the male dominated focus groups which were very local to her accent. As with many cities, the people of Liverpool are very proud of their accent and in some respects, it provides a unique membership into this group of people. This encouraged the young people to be more open and trusting around the researcher and in the discussions. Particularly for the young people who displayed or spoke about an obvious mistrust of authority and authority figures especially in relation to substance use.

In addition to the Liverpool accent, the researcher has a range of experience working /carrying out research with adolescents in children's services including drug and alcohol services. This meant that she could understand the range of language being used to discuss NPS. Some of the terms, expressions and slang being used by the young people could be defined as an argot, a secret language that defines their identity in a certain youth culture to prevent outsiders understanding, including adults (Drury, 2003). From this aspect it was the demonstration of drug knowledge which enabled her to understand the expressions in relation to the current drug scene and her current knowledge reduced the barriers of perceived position of authority and power. This included, current names for certain substances and what was relevant at that time.

Research studies highlight the negative response to authority in certain adolescent groups and how this has a detrimental impact on communication (Drury, 2003).

Understanding their expressions and language not only led to a better understanding but created an ease in the discussions to be more open and not build barriers. This allowed many of the discussions to flow and encouraged the interaction and the construction of meanings between the young people. The combination of the researcher's ability to understand the local accent and the terminology used in their "argot" meant the collection of data was unfiltered, unbroken and in-depth. The positionality of the researcher was mediated by age,

gender, social class position, accent and knowledge. Collectively, the positionality of the researcher positively influenced the collection of this valuable, relevant data.

Secondly, the researcher visited the research sites multiple times before the actual focus group, to meet the staff and ensure they were all aware of the study, expectations of the study and their role, answer questions, dispel any concerns and to identify a suitable area to conduct the discussion. This provided the researcher with knowledge and know-how of the research site, the routine of the young people and the attitudes of the staff, which reduced some of the anxieties around what to expect, ensuring a smooth introduction into the discussion. On reflection of the previous focus groups, it was decided that to prevent disruptive discussions and boasting about drug experiences, the researcher would identify a table to lean on whilst the participants were all on chairs/sofas to position herself higher up from the group. The physical position allowed the researcher to dominate the conversation and steer the discussions back to topic if necessary ensuring that the group dynamic was too dominating and encouraged meaningful discussions.

Initial access to this research sample was a long and difficult process and required a lot of organisation, motivation and man hours. In the beginning, various organisations were approached to participate and for the most part did not respond. As a result, the researcher met with the manager of children's services in Liverpool and on the Wirral and was eventually given access to the Director of Children's Services to present the research proposal and ask for an umbrella of support in recruiting services in the local area. This process took four months including many meetings, phone calls and preparation. Once access was granted and the Director gave permission for the research to be conducted the researcher had to utilise many personal traits and skills to gain the trust of both the staff and the young people in the various suitable organisations in the area. This process was paramount in relation to the successful array of focus groups conducted and for the collection of so much valuable data.



### 3.13 Trustworthiness

Within the literature exists a discussion about the validity of qualitative research within the post positivist paradigm (Lincoln and Guba, 1985). Validity is a complex issue in qualitative research as traditional methods of testing relating to positivist approaches cannot be so easily applied. Validity of the research refers to the integrity and application of the methods undertaken and how well the findings reflect the data (Noble and Smith, 2015).

To help evaluate the trustworthiness of the research process, the concepts set out by Lincoln and Guba, (1985) were utilised. The terms credibility, dependability, transferability and authenticity were used at every stage of the research process to ensure its trustworthiness (Elo et al., 2014). To establish credibility the researcher ensured that the participants were identified and described accurately in line with the bounds of the confidentiality agreement (Wiles, 2006). In addition, the current study highlighted a range of health consequences and negative reactions to SC that have been recently documented in the health and medical academic journals. Dependability was assessed throughout the data collection period ensuring the stability of the data in different research areas. The researcher ensured the participants were comfortable answering these questions in the rooms provided. In one research site, the session room was not completely private which may have prevented some young people participating.

In addition, within the focus groups there was a clear distinct gender imbalance and most groups were made up of young males with only females participating in total. As a result, the dynamic of each group may have been influenced by the presence of masculinity particularly in relation to the groups without females or the lack of masculinity in relation to the group without males (Sanders, 2011). Thurnell-Read, (2015) highlights the possible methodological issues of doing research with young males and masculinities in relation to their presentation of dominance and masculinity which was evident in the final focus group. The need to present an increased social status or expertise on drugs and the need to shape their identity as masculine in front of their peers may have contributed to some of the disruptive, boasting, 'alpha-male type' behaviours that occurred to a little

extent in some of the groups and to a large extent in the last focus group, which was predominately made up of young males between 16-18 years old.

To counteract these behaviours, rapport was built with the young people in the previous sessions or directly before the focus group through talk and interaction involving the performance of knowledge and gender (Thurnell-Read, 2016). The researcher managed these expressions or performances of masculinity which were evident in their exaggerated accounts of drug experiences by reminding participants of the ground rules and the purpose of the research, thus preventing accounts of their 'experiences' being shared. Additionally, the researcher positioned herself above the final group to discourage the alpha-male dominant behaviours which occurred in previous focus groups and encourage all the young male participants to contribute to the study (please see researcher positionality 3.12). In an attempt to reduce the impact of situational factors once the focus group had ended, the researcher invited the young people that did not participate in the final group, to take part in a one to one interview.

Transferability and authenticity were assessed by comparing the data to research findings in the research area to ensure that findings were of relevance to other settings and that the range of realities among the participants were respected (Lincoln and Guba, 1985). The researcher utilised a variety of strategies to enhance trustworthiness (Noble and Smith, 2015). Such measures included meticulous record keeping, demonstrating a clear transparent decision trail, acknowledging the impact of the researcher on the data and continuous critical reflection (Noble and Smith, 2015). The importance of the research to the participants is also considered an aspect of validity (Lincoln and Guba, 1985). In the current study, the focus group discussions provided a place for young people to open up and discuss their attitudes, whilst acknowledging those of others. The researcher ensured ethical measures for debriefing were followed at the end of each focus group and interview.

### **3.14 Reflexivity**

One aspect of trustworthiness is continuous critical reflection on the research which is encompassed by reflexivity. A researcher's reflexivity is the awareness

of the factors influencing the data collected and the role of researcher (Lambert, Jomeen and Sherry, 2010). These notions of personal reflexivity provide insight into the identity of the researcher, their biases and theoretical positions as highlighted within the research process and its findings (Lambert, Jomeen and Sherry, 2010). This account acknowledged that the data analysis method, the researcher and the data are not separate entities but are reflexively interdependent and interconnected (Mauthner and Doucet, 2003). This approach acknowledges the importance of the researcher within the research, what the researcher brings by way of their assumptions about knowledge (Bryman, 2001). The researcher acknowledges her own epistemologies and understands how these affect her research; an essential part of a post positivist approach (Ryan, 2006).

When participants dominated the group, this could lead to others not contributing for many reasons: feelings of inferiority; the belief that someone outside of social group could not understand their values or beliefs; feelings of respect or courteousness due to the nature of the topic; embarrassment. All these factors could have affected the input or dynamic of the focus group. A meticulous, consistent reflexive diary kept throughout the whole process, alongside a rigorous analysis of the data, may have mitigated against these influences.

### **3.15 Conclusion**

This chapter introduced the ontological and epistemological approach and social constructionist theoretical perspective taken by the researcher to the conduct of this study. A rationale for the qualitative methodology adopted has been presented, along with the research questions and the practical considerations involved. The research study was identified as necessary due to the limited qualitative research on NPS and importance of the perceptions of young people. The methods section details how the researcher addressed the research question via focus groups with forty young people, followed up by a very small number of face to face interviews. The data was analysed from a social constructionist perspective in keeping with the theoretical perspective taken. The research ethics section highlighted how this study has adhered to the three major principles of ethical research and outlined the ethical approval process. The ways in which the

trustworthiness of this study has been addressed, along with the importance of taking a reflective approach to enhance this, have been discussed.

The next three chapters will present the study findings on young people's perceptions of NPS, specifically exploring the themes identified in the analysis process.

## **Chapter 4. Analysis: Stigma**

### **4.1 Introduction and setting the scene**

The next three chapters present the three major themes to emerge from the data stigma, attractiveness and risk. Within the data analysis and underpinning the three main themes is a broader discussion exploring the knowledge acquisition around NPS. The way in which young people understood NPS depended on what sources of knowledge they valued as accurate and reliable reflecting how sources of information are utilised in the area of public health. These included the print media, the internet including chat forums and peers. The level of experience with substances influenced what type of information was deemed useful. The way in which these young people obtain information is an important sub theme in understanding the way young people perceive NPS particularly in relation to stigma, attractiveness and risk.

This chapter will explore stigma and the role stigma plays in the accounts the young people tell about themselves, specifically exploring the different stigmas presented and the function of these. The first section will explore synthetic cannabinoid (SC) users as an irresponsible group of drug users, as depicted by young people who reported using illegal cannabis but not SC use, and will explore how this stigma was achieved and what function it serves. The second section will explore SC users as a vulnerable group, as depicted by young people who reported trying or using SC and will explore how this stigma is achieved and what function it serves. The third section explores stigmatisation towards users of NPS by young people with little or no experience of illegal substances or NPS. Finally, this chapter will look at the implications of stigmatising this group of drug users.

### **4.2 Synthetic cannabinoid users as an irresponsible group of drug users**

Some young people within the study who reported illegal cannabis use but actively stated they had never tried SC, presented a powerful spoiled identity for those using SC. This reflects the work of Goffman (1963) in which the reaction of

the some of the young people spoils the normal identity of others. Despite using illegal cannabis, SC users were presented as irresponsible drug users, who 'deserve what they get'; referring to the many negative reactions they had witnessed. These man-made chemicals were presented as unpredictable, under researched and, in some cases, with deadly consequences therefore, users were seen as irresponsible.

This stigma was achieved in many ways including creating a stigma around SC itself. These young people refer directly to the negative attributes of these substances which conjure up many negative images.

*it's just horrible, dirty chemicals (G7YCaM6)*

*it's just a bag of chemicals (G7YCaM1)*

*just the smell of spice of knocks me sick (G2SLAbM2)*

*it smells of fish and it's just rank (G7YCaM2)*

*it just looks chemically (sic), not like home grown (G7YCaM4)*

In these examples, young people express how the attributes of SC disgust them presenting a repulsive image of these substances including how they smell. In these discussions they also depict a very negative image of SC users and their language highlights repulsion towards this behaviour.

*a spice head is just someone, you know they are on it and they stink of fish that's what SC smells like, that's how you get on to it you know*

*(G1SLAaM2)*

*and the way they are and the way they walk and the way they look*  
*(G1SLAaM1)*

In these discussions, some young people distance their own drug user identity from SC. Within the literature, many studies compare SC with illegal cannabis however, the young people with experience of cannabis and/or SC rejected this, presenting the attributes of SC as repulsive and the physical reaction to these substances as completely different. This section highlights what kind of people are perceived to use SC and how they are labelled.

*they look like those smack heads that you see on the door step in town,  
that's what a few have looked like (G6SLAdF2)  
bag heads (G7YCaM6)  
spiceheads, they're like bagheads aren't they (G7YCaM5)*

The stigma of SC use was likened to that of users of heroin, one of the most stigmatised groups of drug users, often considered the lowest of the low (Simmonds and Coomber, 2012). There are many negative images associated with a "junkie" and in the study location this word is better known as 'bagheads' (a derogatory name given to heroin users in this area). The young people stigmatising SC users referred to them as "bagheads" thus associating them with heroin users. The stigma is strengthened by these young people saying they could identify a 'spicehead' straight away.

*in here there was one lad who got brought in here and I think he was a  
spicehead as soon as he got here more people ended up on it  
(G1SLAaM1)*

The term "spicehead" reduces the user to their drug taking behaviour, dehumanises the person and upholds the stigma. This label refers to the whole person and not the perceived behaviour 'smoking spice'. In this example, the participant presents users as either a drug pusher or that SC are highly addictive

*as soon as he got in here two more people ended up on it (G2SLAbM2).*

These young people are motivated within these discussions to ensure they are not associated with these substances, particularly by their peers. In the example above, the young person stated, 'I've never touched it' and physically recoiled at the thought that SC were available. The group then agreed with her statement, saying they had not 'touched it' either. This can be attributed to either personalised stigma in which recent stigma theorists suggest peer groups can create a sense of shame and personalised stigma which can in some cases prevent and protect their peers from substance use. (Palamar, Halkitis and Kiang, 2013). It could be that these young people had jointly developed the stigma of SC during the focus group. Burr (2003) argued that the meaning of SC can be

constructed together in the interaction of a group. This could also be explained by the work of Goffman, (1963) in which the young people presented both a front stage and a backstage mask in relation SC to show alliance with the opinions of their peers.

In these discussions, the young people demonstrate the function of stigmatising SC users to justify their own drug use and normalise the use of cannabis. These participants depict a very negative image of the SC user to enhance their own status as cannabis users. This use of stigma reinforces their own choices, which they perceive to be the right ones, whilst condemning the choices of the SC user.

*it's not chemical like that rubbish (G7YCaM3)*

*it's not safe you know it's all chemical, it's not fresh grown big haze buds (G7YCaM5)*

*no one ever died off cannabis (G1SLAaM1)*

*it fucking kills people (G7YCaM1)*

*they are more dangerous than actual cannabis and stuff like that (G7YCaM5)*

In these examples, SC are directly compared with cannabis. The perceived difference is that cannabis is grown, and SC are chemically made. Within this comparison participants highlight the risks of SC because in their experiences these can be fatal, and cannabis is not. This presents a powerful stigma against SC, that it is dangerous, harmful and a dirty drug. In this context, illegal cannabis is constructed as 'the better option'.

It appears that cannabis users present themselves as experts on cannabis use and this knowledge provides them with insight into other substances such as SC, despite never having used these substances.

*people who don't use cannabis wouldn't know the difference (G1SLAaM2)*

*of course, you can tell the difference, a mile off (G7YCaM3)*

*they're nothing like each other (G2SLAbM1)*



Secondly the young people present themselves as wise enough not to consume such substances and membership of this group of cannabis smokers entitles them to have such opinions.

*the only thing we need to know about it is don't touch it (G7YCaM6)*

*you'd be mad to touch it (G7YCaM5)*

*I'll tell any of my mates thinking bout [sic] it to knock it on the head*

*(G5SLAcM6)*

*what's the point when you can smoke the real thing and not that shite, it's poisonous (G1SLAaM1)*

These young people are confident in their perceptions and repeatedly state that illegal cannabis is a much better option than SC in every way.

*when you get stoned you get this mellow gradual build up it, but on this spice, I've been told it's just a straight hit, 30 seconds and that's it, you get out of your face in 2 seconds flat (G1SLAaM1)*

*with cannabis, you feel the stonedness [sic] and all it does it chills you out (G1SLAaM2)*

*because I smoke cannabis myself, so I wouldn't touch something like that it's too fucking strong (G1SLAaM1)*

When questioned about users who may not have much knowledge about drugs, users were still presented as 'stupid' and responsible for their own choices. In these discussions, young people blamed the decision to use SC on poor decision making. These young people perceived that any health consequences from using SC are a result of the users' irresponsible choices.

*it's their own fault, they are to blame (G7YCaM4)*

*shouldn't be touching drugs if they don't know what they are dealing with (G7YCaM6)*

*it's their own fault if they wanna try that shit (G7YCaM3)*

*fucking stupid, I mean everyone know that it sends you loopy (G7YCaM1)*

*I don't care me, they shouldn't of done it in the first place (G7YCaM4)*

When questioned, if it was one of their friends or someone they knew, they immediately replied that no one they knew would “*touch that shit*”, as they smoke the “*real thing*”. The purpose of this extreme rejection is for cannabis users to normalise cannabis by undermining the rationality of SC users by highlighting the risks associated with taking it and the ignorance of those using it. They attempt to increase the status of cannabis in comparison and justify their own drug taking behaviour. Interestingly, as a side effect, it may also serve as a tool to discourage potential users of SC not to try them, particularly within the same/similar peer groups where this behaviour would not be accepted. In this narrative, smoking cannabis is more acceptable than smoking SC.

*it's grown yeah, and I haven't known anyone to overdose themselves on weed but I've known people to overdose on SC and kill themselves off it (G1SLAaM1)*

*people need a comparison between the legal highs and the not legal highs that just shows that if you're going to take drugs just stick to weed at least it's better than SC or whatever (G2SLAbM2)*

In addition to self-reported cannabis users, among some young people with little or no experience of illegal/legal substances there was an acceptance of cannabis use and hence a degree of normalisation. This normalisation is depicted by (Parker, Williams and Aldridge, (2002) as sensible recreational drug use is becoming increasingly accommodated into the social lives of conventual young adults despite whether they use it personally or not.

*everyone smokes it (G6SLAd2F)*

*it's not that bad (G6SLAd1F)*

In this example, what is known about cannabis is used to normalise use in comparison to SC

*not enough research has been done on it (G4EdbF1)*

*there's loads of stuff on weed, most people have tried it (G1SSLCaM1)*

#### **4.3 Synthetic cannabinoid users as a vulnerable group of drug users**

This section will look at how some young people in this study construct users of SC as vulnerable and helpless. Some who reported trying SC and had one or more negative experiences, discussed what kind of people they perceived used SC. However, they prevent self-stigmatisation by discussing the external factors that impact on substance misuse and then their own strength to resist. As Goffman (1968) demonstrated, for the discreditable person whose source of shame can be concealed or who presents another identity, there is a possibility of passing as normal as they manage the source of shame (Goffman, 1968). This section shows how this stigma of vulnerability is achieved and what function this stigma serves.

Young people recruited from homeless hostels for people under 18 years stated that most people who used SC lived in hostels where it is readily available and/or had little money.

*so, with that in mind, what type of people do you think use spice?  
(Researcher)  
hostel kids of course (G6SLAdF2)*

This participant described the lifestyle in hostels as the perfect environment for the distribution of cheap, powerful substances due to the amount of 'vulnerable' people

*it's young people because it's so easy to get it (G6SLAdF1)  
if you had a choice between cannabis and spice, you would never choose  
spice but it's cheaper and easier to get (G6SLAdF2)  
which I would if I was a kid and I was smoking weed and I could get  
something a bit cheaper (G6SLAdF1)  
it's not the best alternative but it's an alternative followed by  
I don't touch it that much (G5SLAcM1)*

In these discussions, some users are presented as victims of their environments and therefore less responsible for their actions. Hence, SC users are presented as vulnerable to the actions of other drug users in their environment

*he was giving it to another resident and he got kicked out because the whole landing stunk of some kind of fish (G2SLCbM2)*  
*yeah one guy was kicked out for giving it to another resident a girl who was vulnerable (G2SLCbM2)*

Interestingly, criteria for what makes one young person in a hostel vulnerable and another not, were not provided. It seemed implicit to the others in the discussion who was being referred to. Some who reported first-hand use of SC and those who reported cannabis use, presented users of SC as naive. For example, the type of people who used SC were 'uninformed kids'. These users were either people who did not know what the effects of SC were, or that it was SC they were taking, because they did not have enough knowledge about drugs. There was a consensus that if a person is 'in the know' they would not take SC as only vulnerable and uninformed young people are susceptible to taking them.

*well people think they are getting weed when they buy it (G7YCM3)*  
*yeah uninformed kids, kids who see their mates and who say oh what's that, you know what I mean and then get on it and it's not nice if you had a choice between cannabis and spice, you would never choose spice but it's cheaper and easier to get (G6SLAdF1)*  
*I know adults that smoke weed you know 30-year olds, 40-year olds that smoke weed, and they wouldn't even think of touching SC because obviously they are more clued up and they know, even though it's cheap (G6SLAdF2)*

It is presented that without a sound knowledge of cannabis, people with less knowledge can unintentionally take SC instead of cannabis.

*it looks like grass, if you smoke you've got to know what it is you're on to (G7YCM3)*

Some participants who self-reported trying SC presented users as vulnerable and displayed a genuine sense of concern for SC users, or potential users, in this

environment. The function of presenting SC users as vulnerable appears to explain their own circumstances and to justify their own behaviour in trying SC.

*I only tried it because me mate had some (G6SLAdM2)*

*it's really strong and I was in the park the other day and one of the lads said do you want some of this (and I thought it was a joint) and I only had a couple of pulls and I was gone. I woke up about 3 hours later and I was on me [sic] own and I was like what the hell (G2SLAbM2)*

*I only got some because it was cheap (G5SLAcM1)*

In these examples, some explain the factors related to their experiences and, in this context, are less responsible for their behaviour. However, within the same discussions they distance themselves from this behaviour, presenting themselves as wiser for their experiences, adding to their drug knowledge but being careful not to associate themselves with SC anymore.

*I've took it and I'm happy to say I've only took it once (G7YCM3)*

*I tried it once and I wouldn't do it again (G6SLAdF1)*

*I've only had a few incidences with it. I stay away from it (G2SLCbM3)*

These young people construct a perception, that it is the lack of information or knowledge they previously had about SC as the reason they were 'tricked' into taking them and after their experience/s they know enough and choose not to use it again.

It is also interesting that despite also trying/using SC they now distanced themselves from this identity and presented themselves as experts, both on their own substance use and that of others. They used their experiences to confidently advise others, particularly those they considered to be 'vulnerable'.

#### **4.4 Stigmatising users of NPS: Young people with little or no experience of substances**

Interestingly young people who reported using cannabis and SC, compared media representations of illegal cannabis and questioned whether the stories

about NPS are accurate or whether this is another media attempt to label “all drugs as bad”.

As a result, any stories, particularly about NPS, were viewed with suspicion or complete mistrust.

*well I don't really read newspapers because I don't believe anything they say (G1SLAaM1)*

*there's some stupid stories out there (G5SLAcM1)*

Many of the participants who reported substance use questioned the reasons for these ‘stories’ and perceived most, if not all, as biased.

*I do NOT, however, trust the media for this information. They tend to appeal to a mass market whereby ‘drugs are bad’ and should all be banned (InterviewM1)*

In stark contrast, young people who reported little or no experience, stigmatised users of NPS and SC based on knowledge acquired from the print media. This led to negative opinions of users of NPS and in some instances a strong fear of users, based on reports heard or read in the media. One young person recounted a news report in America about a man reported taking NPS and eating a person’s face off.

*yeah cos I don't know anything about bath salts and I didn't know what it was I just knew that they're legal the fact that there was this epidemic going on and people thinking people are going around eating people scared me because I was like oh my god it's going to come to Britain and someone's going eat me (G3EdaF1)*

The story comes from an unconfirmed source however, the young person reported this as their only source of information on NPS. The media creates a very negative stigma based on inaccurate, scare mongering, language. This lack of understanding about NPS means some young people believed that these substances were actual bath salts (see Glossary). The lack of accurate reporting and information means that knowledge derived from print media stories serves to

encourage and support unfounded myths. Cohen (1963) argues that this sensationalised reporting and inaccurate information leads to moral panic and in this case SC users were the “folk devils”. From a social constructionist perspective Cohen argues that SC were constructed into deviants, or folk devils through the interaction of the public and the media.

The young people stated that the news campaign on these substances had fuelled their fears and the image they have of SC users illustrates how this level of stigma has led to moral panic.

In addition, the media as a source of information influences the construction of stigma and labelling of SC uses. The portrayal of users as eating people’s faces may prevent use and make these substances unattractive, therefore decreasing risk of use. However, it creates a range of stigmas. This supports recent stigma theorists who argue that unspoiled identity and stigma have far reaching implications for the “other” and that public stigma can lead to shame and internalisation (Matthews, Dwyer and Snoek, 2017).

The construction of stigma is created based on the information in the media and their trust in this as a source of information. They believed the media would not lie and for some young people with no experience, the media is their main source of knowledge, highlighting how the public access information on public health issues.

*they have no reason to lie (G4EdbF1)*

*I thought it was true (G3EdaF3)*

*well you would though wouldn't you because it's the news (G3EdaM2)*

For young people with no experience the media are one of their only sources of knowledge highlighting the impact this information has in relation to the understanding of public health issues. The media plays an essential role in shaping the public’s understanding and perception of drugs. In addition, it is often the only source of information valued by the younger generation therefore, it is a necessity that the media report on these substances constructively.

*I would think that a lot of people get their only information from the media –  
a source which I wouldn't tend to trust for this type of information  
(InterviewM1)*



#### **4.5 Possible implications of the presence of stigma within the focus groups**

It should be noted that the dominating negative stigma presented by some group members may have prevented other participants freely expressing their own perceptions of SC. In one focus group, all participants were male and there was a clear dynamic between six of the males with a noticeable hierarchy in this group. In this situation, the two other males did not participate unless directly asked a question. The strong dominating opinions of SC by most of the group may have prevented the other group members expressing their views, being easier to agree with the majority. This could be construed to mean that not everyone who smoked cannabis in these groups had such a strong negative view about SC users, however in this dynamic their view may have alienated them. Stigma often results in secrecy and non-disclosure. This performance by the alpha male of the group is supported by Labelling Theory in which SC users were depicted as outsiders (Becker, 1963) and their substance use labelled as deviant. The dynamics of the group meant this opinion was openly supported by other members of the group.

#### **4.6 Conclusion**

Within this theme, there are two main negative stigmas constructed by participants: disgust and vulnerability; both stigma created by fear. The first group which stigmatise SC and SC users with disgust report cannabis use and appear to use this stigmatisation to justify and condone their own cannabis user identity, by normalising cannabis use. SC users were presented as vulnerable and naive. Participants who portrayed users this way reported trying SC previously and most reported negative effects. The function of this stigma appeared to acknowledge the perceived negative reputation of SC in their environments but revealed a genuine sense of concern for users or potential users just because of their vulnerability. Participants with little experience feared NPS and stigmatised users as dangerous, being influenced by sensational media stories. This shows that the source the young people acquire knowledge about NPS and SC from is extremely influential on how these substances are perceived. The next section explores the theme of attractiveness.



## Chapter 5. Analysis: Attractiveness

### 5.1 Introduction

This chapter will explore what makes SC attractive to users including factors that motivate people to use spice. The young people in this study discuss different factors that make these substances attractive depending on the type of person using them or the environment a person is in. This section will explore availability, cost, dosage levels, legal status and the unknown effects of SC as factors perceived to make these substances more attractive.

### 5.2 Attractiveness and availability

This section explores availability as an attractive feature of SC and participants discussed the many options for buying them, thus explaining why they perceived people use them. Specifically, this section focusses on the impact accessibility and legal status have on availability, and the impact availability has on the perceived safety of spice.

At the time the data was collected, SC could be purchased in ‘head’ shops, special high street shops and in a range of online shops (discussed in chapter 1). However, most of the young people, with varying levels of experience, discussed how easily available SC were from ‘head shops’ and special shops. These shops usually sell a range of tobacco related products such as: ashtrays, lighters, cigarette papers and a range of illegal drug paraphernalia: bongs, long rolling papers and grinders. Before the Psychoactive Substance Ban 2016 these shops also sold a range of NPS, specifically different blends of SC.

*you can get them in special shops in town (G1SLAaM2)*

*they can be bought over a shop counter not like in a regular shop (G1SLAaM1)*

*shops in town, I know at least about two shops in town that sell them (G1SLAaM3)*

Many young people stated they knew where these substances could be obtained, seeing this as a factor in their increased popularity.

*head shops in town you can just walk into the shops in town (G2SLAbM1)*  
*they should be stopped because people can go to the shop in town and*  
*buy it from the shop (G1SLAaM1)*  
*it's given out so easy (G1SLAaM2)*

NPS are also available from websites on the internet. At the time of data collection, these substances were 'legally' available from both UK and international websites. Despite the ban, SC are still available to buy online from a range of websites. Only one participant discussed buying SC from an internet website although all discussed its availability from the internet.

*you can even buy it off the internet, now can't you? (G6SLCdF2)*  
*people can just go online and order it (G5SLCcM2)*  
*comes right to your door and you don't even know what you're getting like*  
*(G6SLCdF2)*

In contrast to the literature, the majority of young people in this study identified the availability of SC mainly from head shops or peer groups. This may be related to the age of the participants, as their mean age was 17 years. The literature looking at NPS reported participant groups at university age level. This may link to not having an open, active bank account, or this may be monitored by care givers. It may also be explained by the locations these young people were recruited from. Most of the young people within the present study who reported first-hand experience of SC and/or illegal cannabis, were recruited from youth clubs, hostels and drug and alcohol centres. With consideration to age, it might be that these young people do not commonly use the internet to purchase many items as a bank debit or credit card is required and they might have to share access to computers and internet space.

In relation to the places SC can be purchased or obtained, the young people discussed such widespread availability as one of the factors that makes these substances so attractive. For example, some young people reported that in some

cases it was not possible to obtain cannabis or other affordable illegal substances and therefore SC were an alternative. In this example, having SC as an available alternative is an attractive feature.

*you can go to the shop if you can't get hold of your dealer or you can't get anything on the street (G5SLCcM4)*  
*you can get them from shops and not from a dealer (G5SLCcM3)*  
*it's not an acceptable substitute for it but it, it's a substitute (G5SLCcM1)*

In this context, it is the ease of availability of these substances in comparison to illegal substances that makes them seem more attractive.

Young people who reported little or no personal experience of illegal drugs or NPS but did have knowledge of 'legal' substances through peer groups, discussed these substances as safer to obtain than illegal substances. In this context, purchasing SC is more attractive because the purchasing process carries less perceived risk.

*you can get them from like, certain shops can't you so it's like they are not like on the streets so you're not doing under a table or on street corners there's like an actual shop that you can buy them from" (G4EdaM2)*

In this example, the young person presents how purchasing SC is considered safer as these substances are bought in a shop and not on a street corner. The use of the term 'actual shop' suggests that the building itself influences how these substances are perceived. It might be that buying from a shop, like other products, gives the impression that they are just another available product. Another participant stated:

*cos they are legal, and you can get away with buying them in the shops legally (G5SLAdM4)*

Therefore, the place these substances could be purchased influenced the perception of legal status. In both examples, obtaining SC was considered safer than illegal substances in the context of the law.

### 5.3 Attractiveness and legal status

Young people who report using cannabis and/or SC discuss the safety of SC in the context of the criminal consequences, or perceived lack of such consequences in comparison to illegal substances.

*you can carry them round on ya [sic] and the police can't do nothing about it (G7YCM4)*

*you know like when you've got a bit a weed and they take it off ya [sic] (G7YCM5)*

In this example, the young person is highlighting that because these substances are not classed as illegal, you can have them and not be arrested, unlike illegal cannabis. This was an attractive feature if young people did not want to be in trouble with the law. One discussion between young males who reported a few problems with illegal cannabis and street searches by the police, identified this attraction of SC because they could carry it around without legal consequences.

*because its legal isn't it, you can walk around the street with it (G2SLCbM2)*

*and its there's no consequences like if you caught with it (G5SLCcM5)*

*the crime cos you can't get done for it can ya [sic] and there's less consequences (G5SLCcM6)*

This highlights perceptions among some young people (before the law changed) that the availability of these substances without criminal consequences is what made them attractive. Other than criminal consequences, the legal status of these substances did not make them more attractive to the participants in this study. However, it is important to note that local policies already prohibited the use of SC in public or shared areas and these substances were not permitted inside schools, hostels and youth clubs even before the ban. The links between legal status and perceived health risks will be considered in chapter 6.

An interesting finding in this study is how the 'legal status' of these substances was not discussed in terms of an attractive factor, although often stated in the literature, but could influence the attractiveness in a negative way. Young people who reported using illegal substances presented SC as 'embarrassing' or 'not a real drug'. This links to chapter 4 exploring stigma and identity.

*that stuff's is for meffs (G7YCM4)*

*no one I know would touch that stuff (G7YCM3)*

However, it is important to note that as these substances have now been made illegal, it is unknown whether this still has an influence on their attractiveness.

#### **5.4 Attractiveness and cost, dosage levels and unknown effects**

One reoccurring theme relating to attractiveness discussed by most participants was cost. Young people who reported trying both SC and illegal cannabis, discussed SC as being attractive due to the cost comparison to illegal cannabis

*it's easy to get hold of and cheap (G2SLCbM2)*

*it's a lot cheaper (G1SLCaM1)*

*it's primarily the only upside to it (G5SLCcM1)*

*In these discussions, the cost was referred to as the main factor of attractiveness for young people with low income, particularly 'hostel kids' and those of low socio-economic status*

*it's cheaper you get a lot more (G6SLAdM2)*

*that's why I picked up a bag of spice last week (G5SLAcM2)*

*you don't really get in debts over it (G5SLCcM4)*

An in-depth discussion indicated these participants believed those who are most influenced to use SC are people with the least disposable income who cannot afford illegal highs. There was a clear perception that if people had enough money, they would choose illegal cannabis over spice.

*which I would if I was a kid and I was smoking weed and I could get something a bit cheaper (G6SLCdF1)*

*hostel kids because they're skint (G6SLCdF2)*  
*because they can't afford illegal highs (G7YCM4)*  
*which I would if I was a kid and I was smoking weed and I could get*  
*something a bit cheaper (G6SLCdF1)*

This suggests that even if young people are aware of the risks of using spice (see chapter 6), the cost of these substances in comparison to illegal cannabis is a very influential factor in their consumption. Another issue was the strength of SC blends in comparison to cannabis. In the discussions, most young people who had tried SC discussed the dosage levels as negative.

*it's too strong (G1SLAaM1)*  
*it's like 0 to 100 in a minute (G1SLAaM2)*  
*It blows your head off (G1SLAaM1)*

In contrast, some young people discussed these features as a positive factor. The blends of SC were considered much stronger than cannabis and therefore you could get very high for less money. Blackman (2010) argues in the search for pleasure through intoxication one can go "beyond control".

*spend a tenner on weed and you get two spliffs and you spend 7 quid on*  
*spice and you get like 15 (G5SLAcM2)*  
*and because it gets you more stoned than real weed (G6SLCdM2)*  
*and soon as you've had one tokes on it it's like you've had 5 joints at once.*  
*So, you get more for your money (G1SLAaM1)*  
*you get out of your face in 2 seconds flat (G1SLAaM2)*

The high dosage levels of SC are presented as an attractive factor as not much needs to be bought/consumed to get high. However, in many of these discussions, for young people who smoked cannabis, getting 'totally wasted' was not the desired effect of using cannabis, which was instead to get steadily stoned. The attractiveness of the dosage was discussed in terms of the desired effects on the users.



*I used to smoke weed and spice hits me 10 times as much as a single joint of weed would and I've had a single joint of spice with not that much in it. It all depends on what you're looking for (G5SLAaM6)*

Young people considered that the element of unknown risk in the consumption of NPS could also be an attractive feature. One of the factors identified by the participants with experience of SC and other illegal substances, is that SC may be attractive to some people because the effects are unknown or can be different every time. This links to the next chapter where risk is identified as a positive experience. Some NPS users were identified as chasing different highs, using a range of substances and taking the approach of '*just don't care ... just want to get high*'

*you don't even know what it is your smoking, it's a new thing every month (G2SLAbM2)*

*at the same point if it's not dangerous it's not exciting then it's not really fun (G5SLAcM1)*

*so, what do you think people take it for? (Researcher)*

*you get really messy honestly (G7YCM4)*

## **5.5 Conclusion**

The literature discusses factors in relation to the attractiveness of SC (van Amsterdam et al., 2015; Winstock et al., 2015). In this study, most young people discussed the availability of SC from 'head shops' as a perceived attractive factor, explaining why people use these substances. Widespread and easy availability also influenced the perception of safety in comparison to illegal drugs. Young people with little or no experience stated that these substances could be obtained without using a drug dealer, reducing risks and enhancing attractiveness compared to illegal substances.

In relation to attractiveness and legal status, one young person discussed the possibility of being stopped and searched by the police felt that the lack of criminal consequences was an attractive feature. No other young person stated

that the legal status influenced the attractiveness of these substances. In contrast, some young people stated that it is the legal status that makes SC so unattractive as they are not considered real drugs.

Other attractive features discussed by participants, with experience of either illegal substances and/or SC, related to the cost, dosage levels and unknown effects. The price of SC is much cheaper than cannabis and a smaller amount results in a much stronger high, which is why it appeals to some but most young people in this study stated that the attraction is about the desired effect and SC are too unpredictable to achieve that. The young people in this study did not report any positive experiences with SC however they discussed external factors as having a significant impact on attractiveness for other people.

## Chapter 6. Analysis: Risk

### 6.1 Introduction

This chapter will explore the perceived consequences and risks of consuming SC in relation to health, safety, legal status and social perception. The level of risk associated with these substances depends in this study on the level of experience of, or exposure to, SC and other drugs and where these young people were acquiring their knowledge of NPS and how much these different sources were valued. Within the study the level of experience reported by the participants had an impact on which sources of knowledge were valued, these sources included; peers, the internet, the print media and to a lesser extent head shop sellers. This chapter will also highlight how these sources of knowledge have an impact on the perception of risk.

### 6.2 Perceived consequences: Health

Participants who reported first-hand experience of SC discussed in abundance the negative physical and mental health effects. There was a sense of fear around SC, which were presented as so health damaging the risk was too high. Ultimately the negatives outweigh any perceived positives such as relaxation or enhancing social confidence.

*I had it for like a day and then passed out in a horrible way. The buzz off it is not like cannabis, nothing like that. It's like your head feels heavy, you get a banging headache. Your eye balls start like (illustrated with eye balls looking up unable to see pupils or iris) and you go into a world of your own (G2SLAbM3)*

*it chokes you (G2SLAbM2)*

*its nasty and it makes you feel sick (G2SLAaM1)*

*I collapsed on the floor (G6SLAdF1)*

*when I've smoked it it's always been worse. I've always ended up comatose (G2SLAbM3)*

*it just knocks you out (G1SLAbM2)*

In these discussions, most participants reported at least one negative health consequence after consuming SC, stating this as the reason for not trying it again. Some also discussed the perceived long-term effects of SC.

*you get mental health problems and it can make your own worse (G6SLAdF2)*

*you can get paranoid schizophrenia and you can get badly addicted to them (G6SLAdF2)*

Young people who have tried SC and other illegal substances present themselves as experts on these substances after their bad experiences. They discuss the effects and risks of these substances with confidence and similar effects have been reported in the literature as known side effects. At the time of data collection, there was a considerable amount of research exploring the health risks of these substances however, there is not one type of synthetic cannabis available and, with the ever-changing chemical makeup of these substances, their exact risks cannot be confirmed. These participants noted the unknown risks associated with NPS. Interestingly one young person reflected on the issues and impact these relatively unknown substances will have on health services.

*and also, if you have a bad affect the doctors and all that probably won't know what to do but they would if you were taking illegal drugs (G3EdaF3)*

This highlights that lack of knowledge about these substances increases the risk to health. Participants who reported exposure to SC through friends or acquaintances, also reported extreme negative health consequences, even fatalities.

*well from what I've seen with people right in front of me and from what I've heard about it and read about it on the internet, people have died of it, that black mamba people have died of smoking it and its legal high (G1SLAaM2)*

*there was this girl she used to smoke the weed and I'd go out for a few drinks with her and one time we'd come from having a drink and she disappeared and the next minute there she was getting taken off by an ambo [sic] (G1SLAaM3)*

*one of me [sic] cousin's mates [sic] put himself in hospital for two months(G1SLAaM3)*

*he did a bong off it, then he'd done it, he threw up everywhere and then started having some big massive fit and he said well I was only going to have one tokes and I said, well there you go lad, you got educated quick. You should have just said no straight away. You don't know what's in it (G1SLAaM1)*

*yeah, I've seen it happen and two tokes later he's in the back of an ambulance (G1SLAaM3)*

Within these discussions around risk to health, the participants told numerous stories of people they had seen experience negative effects. None of these statements reported any positive experiences witnessed with SC and almost all depicted it as a danger to health.

*that guy died in Walton jail, smoking spice (G5SLAcM4)*

*I know a guy who just had half a joint and went into a fit (G5SLAcM5)*

*I know a girl who, well she had a couple of pulls and that was it(G5SLAcM3)*

*my mate did as well (G5SLAcM2)*

There is a genuine fear of these substances and participants reported they would actively discourage people from using SC. These young people feel confident enough about the risks to advise others not to use these substances.

*I'd stop them straight away to say listen I've seen people put in hospital just off that little bit (G1SLAaM2)*

*they only thing people need to know is, don't touch it (G1SLAaM1)*

In this study, there were young people who discussed the perceived risks of SC despite having little or no direct experience with illegal substances or NPS. A couple of young people assumed the health risks would be general and had very little understanding of these substances.

*surely it would be the bog-standard normal risks like nausea and headaches and stuff like that, like really minor things but still the effects of it (G3EdaF3)*

This example appears to dismiss the risk, compared to young people with more experience of legal and/or illegal substances. However, this was the only example in the entire study and came from a discussion between two young people who had never even heard of NPS, SC or most illegal substances. Most young people without experience perceived them as a danger to health based on the stories in the print media.

*didn't that guy die off it in prison (G4EdbF2)*  
*it's in the news that people die off it (G4EdbF1)*

### **6.3 Perceived consequences: Risk to safety**

In addition to the adverse physical and mental health reactions, young people with first-hand experience of SC discussed their experiences in relation to the vulnerable state using these substances can result in, and the effect in terms of their safety in general. The risk to safety in these examples is depicted as a loss of control.

*You can't move your body put it that way. Try and move your finger and you can't move (G1SLAaM2)*

*I couldn't talk, I could move, and I couldn't walk, and I took it with some random guy, I don't know who he was, and I ended up falling on the floor off the bench and an ambulance ended up coming to take us both to hospital because we just couldn't say or do anything so (G1SLAaM3)*

*well it knocks you out, so you knock yourself out and then you are vulnerable. If you're sitting in a park smoking it, it's dangerous (G2SLAbM2)*

*you can't walk you just stumble around like you've had a bevvie (G1SLAaM3)*

*it just knocks you out (G2SLAbM3)*

*but it's not, it'll only take like 3/5 drags and the next minute you're on the floor you're gone (G2SLAbM1)*

The young people who experienced SC through witnessing friends' or acquaintances' experiences also highlight their higher risk to safety

*people hitting the floor, then people just speaking slurred, it's like they've had a drink (G1SLAaM3)*

*I mean when they walk they can't walk straight they are like stumbling like they've had a bevvie [sic] and like the way they walk, their face just looks like it's going down (G1SLAaM1)*

*I've seen people lying there, like curled up on a bed just lying there and they sweat all the time shaking (G2SLAbM3)*

*addictive, they are mentally and physically addictive (G6SLAdF2)*

Again, risk is depicted as loss of control the person has of themselves and their surroundings. Therefore, risk here is presented as the inability to look after oneself.

Most young people with little or no experience did not consider NPS to be safe. These young people referred to stories in the print media, from the internet or from stories they had heard from people they knew i.e. in school.

*I just know that they are dangerous, people have been known to die (G4EdbF2)*

*I remember this thing in America a few years ago and that people were taking them and then suddenly eating other people, like people in America*

*like took bath salts and then suddenly they went on this rage and ate other people flesh off, like the Los Angeles cannibal (G3EdAF2)*

In this context, despite reporting no experience with SC, some young people still considered the risks greater than that of illegal substances. This may have been influenced by the normalisation of cannabis in the UK alongside its popularity and common use, even if they personally had never used it. In comparison, the lifetime of SC is very short and negative media coverage has been considerable, which may have influenced the way these substances were perceived.

#### **6.4 Perceived consequences: Safety of SC compared to illegal substances**

In discussions about SC safety, some young people compared them with illegal substances in general, both hard and 'soft' illegal substances. The young people were asked how safe they perceived these substances to be in relation to illegal substances in general.

*I reckon they're worse (G1SLAaM3)*  
*it's killing more people as well (G1SLAaM2)*

When questioned if they thought SC were safer than illegal substances

*no, no is it fuck (G7YCM4)*  
*they are more dangerous, but they are legal (G4EdbG1)*  
*if you have a bad effect the doctors won't know what to do, but they will if you were taking illegal drugs (G3EdaF4)*  
*decriminalise the drugs that are illegal, because they have a lot less worse effects (G2SLAbM3)*

Overall, participants with experience of SC and/or illegal substances agreed that SC and NPS are more dangerous than illegal substances. Some young people with first-hand experience of SC likened them to hard illegal drugs such as heroin. The literature shows young people view hard illegal substances as very dangerous substances and not recreational.



*with relation to what he's saying in one sentence that I wouldn't call weed a drug in the same sense that I'd call heroin a drug (but I'd say spice is closer to heroin than to weed if you know what I mean) like it affects your brain and it affects your multi skills and things like that a lot more than smoking weed does (G5SLAcM1)*

Young people who have been exposed to SC users also see similarities in how the person looks

*They come into my room and they are like (makes sound with mouth) slouching (G6SLAdF1)*  
*they look like those smack heads that you see on the door step in town that's what a few have looked like (G6SLAdF1)*  
*he was just sat there gouching like a smack head (G6SLAdF1)*

In these examples, SC are compared to the image of the 'junkie heroin addict'. Douglas (1966) argues how the risk of using terms such as 'junkie' links to the association of a certain category of drug user with dirt and criminality and questions the systems of classifying real and symbolic pollution. More recent labelling theories highlight the increased risk of using labels such as 'junkie' as it constructs a addict identity which comes which leads to irreparable damage due to stigma.

Unsurprisingly, in many discussions around risk young people compared SC and its risks to cannabis. They presented SC as more dangerous than cannabis, which was perceived as safer because it is naturally grown, whereas SC are a man-made mix of chemicals.

*it's grown yeah not like spice (G7YCM5)*  
*a lot of illegal drugs come from more natural substances like plants and that (G5SLAaM2)*  
*they are just random chemicals just mixed together aren't they (G5SLAaM3)*  
*it's not safe you know it's all chemical, it's not fresh grown big haze buds (G7YCM5)*

The positive presentation of using cannabis including potent cannabis with high levels of THC could also be linked to issues of masculinity. Some of the young males boasted about their cannabis using behaviour over the use of SC.

*If your gonna smoke, just smoke weed init (G7YCM3)*

*Weeds well better, I smoke it all the time and there's fuck all wrong with me (G1SLC1M1)*

It may be that using cannabis consumption is considered a more grown-up behaviour and therefore its use identifies the users more as men with hegemonic masculine identities, particularly in comparison to SC and its reputation. Therefore reporting/exaggerating and comparing such drug using behaviour is an attempt to increase their social status

## **6.5 Perceived consequences: Legal issues and more risk more fun**

Most of the young people in the study with experience of SC and illegal substances were aware, because of the legal loopholes of how these substances could be sold in the UK.

*well it does say on the packet not for human consumption and that's the only reason why it's legal to sell because it's got on the packet not for human consumption and if it didn't have that on the packet it wouldn't be sold (G1SLAaM1)*

*It's says not for human consumption, I find that hilarious (G5SLAcM4)  
but everyone knows they have to put these warnings on so that they can sell them in shops and online (G6SLAdF2)*

They discussed that there was a loophole in the law that allowed them to be sold when labelled not for human consumption. For these young people, this was common knowledge within their peer groups. Most of the young people with little or no experience also discussed the legality of these substances and, while not being entirely sure why they could be sold in local head shops, they did not think

these substances were safe. Most young people who discussed their experiences of SC reported negative reactions and experiences. However, some young people reflected on the unknown effects as an attractive factor, explaining why young people take these substances. In this context, the risks associated with using SC are the reason why some people consume it.

*at the same point if it's not dangerous it's not exciting then it's not really fun (G5SLAcM1)*  
*it's something different isn't it? (G5SLAcM2)*

In this context, 'risk' and pleasure are not mutually exclusive and a sense of fear or danger may increase the pleasure. Blackman (2010) argues that often the search for intoxication may go "beyond control" and therefore can be seen as a part of the ever-changing acceptance in drug culture and the search for pleasure. Some young people with first-hand experience describe smoking spice.

*goes from 1 to 100 in a minute (G1SLAaM2)*  
*blows your head off (G1SLAaM3)*

For some young people, these unknown, extreme reactions are what is sought; the perceived risks are the attraction. One young person discussed the potential impact of the media and how the presentation of "dangerous, face eating, zombie making" drugs may make them more attractive to some users (Marsh and Melville, 2011).

## **6.6 Perceived consequences and the knowledge acquisition of NPS**

The perception of risk is also influenced by how young people accessed information about drugs. In this study, the young people who had tried SC first hand presented themselves as experts on these risks and the information shared between peers was considered the most trusted source of information.

*so obviously if someone is speaking from experience then you should be taking note (G2SLAbM3)*  
*if you smoke you've got to know what it is you're on to (G7YCM2)*

*you're in for a surprise if you don't know (G7YCM3)*

Alongside peers and in reference to the recency of NPS being more popular the internet was cited as source of information. There are varying opinions about the internet as a source of knowledge. Young people who were reasonably well informed, particularly if they had experience with illegal substances, identified chat forums and some specific internet sites as useful and accurate sources of information about NPS. On the other hand, it was apparent that those with less experience were unsure about what is true and accurate on the internet and which websites were legitimate. Interestingly this highlights that the internet and the various websites influence the perceived risk of NPS and how young people value different sources of information.

Young people who had first-hand experience of any substances appeared confident when talking about trusted sources of information on the internet. They presented themselves as experts in being able to discern which knowledge on the internet is accurate, such as the website 'Talk to Frank'. However, some of these young people indicated that while such websites provide lots of information on a wide range of substances, it was a shared opinion in one focus group that because these websites take an 'all drugs are bad' approach and focus only on the harmful messages and experiences, they do not provide the whole picture on illegal and legal substances and so are only valued to a certain extent. This highlights that this source of information may increase risk as it is not valued or considered useful due to its perceived agenda presenting all drugs as bad. This suggests that young people will access other sources for information on the internet which may be less accurate. For young people with little or no experience, these educational drug websites were not considered useful and added to the stigma around drug use.

*they do tell you facts and that but there's no positive stories, just all like about addiction and that (G5SLAcM1)*

*Talk to Frank, yeah, I suppose it could be useful for some people but it's still a scare tactic I mean have you seen the one about cocaine and the bleeding*

*nose, they act like anyone who uses drugs becomes addicted  
(G5SLAcM2)*

The young people said they would benefit from being acknowledged as recreational users and provided with accurate and unbiased information such as what happens to the brain and body when people use SC. More useful online sources of information for young people with high levels of experience were specialised chat forums:

*online forums tend to be trustworthy as long as you remember that there are no controls over what is written. Generally, people try to be informative and have no reason to lie (InterviewM1)*

*I read a lot of things on the internet, forums where people have left 'trip reviews' or 'experiences' tend to be a good starting point (G2SLAbM3)*

This highlights that some young people do not feel like there are enough useful, informative sources on the internet in which they can inform themselves accurately on the risks. Many thought this increased the risk to users or potential users with little or no experience and did not acknowledge that it exposed all users and potential users to risk as factual information from verified unbiased sources were not available.

Some young people who reported high levels of experience with substances, reported the usefulness and value of other people's experiences through specialised online chatrooms was similar to their trust in the experiences of their peer groups. However, there was no discussion about the accuracy of the information provided about experiences or about the impact that anonymity can have on the validity and accuracy of information in chatrooms (Harris, 2013). This indicates that there is an increased risk for NPS users who trust in the information provided in chatrooms, particularly if they present themselves as experts who always know the difference between inaccurate and accurate information.

Interestingly, some young people discussed the vast quantity of information and websites as a hindrance to informing oneself stating that if you have little or no

knowledge about a subject, you cannot know what is accurate or useful or be sure what to trust.

*I wouldn't really be sure where to find any, because you know like, the average person I would just say look on the internet, like google (G3EdaF5)*

*it's not reliable as well. There is so many different sources saying so many different things and there's things like Wikipedia where anyone can change it so that's not reliable (G3EdaF4)*

In some cases, they were completely unsure about how to go about finding accurate, reliable information. This has massive implications for the perceived risks of these substances (see chapter 7)

*so just like, type legal highs into Google (G3EdaF5)*

This highlights the dangers of using generic search engines such as Google and Wikipedia which exert little control over what information is available and what could be misleading. These young people also discussed access to information through social media websites such as Facebook.

*it's the sites that are more popular as well like when you see something going round [sic] on Facebook like if something like massive comes up on Facebook that gets shared like loads then you start believing it just because there are so many people saying the same thing (G3EdaF1)*

Despite these comments, most of the young people in the study demonstrated their awareness that the internet could provide accurate, useful knowledge but also misleading, false and possibly harmful information too.

*the internet provides both ends of the spectrum, so you've got the government sites saying one thing and then Facebook and that, as long as you know where you're looking you'll get the facts from the internet (G5SLAcM1)*

Other young people has acquired their knowledge from the internet or sellers of spice. At the time of data collection, SC were available in many blends from head shops (and are currently widely available from a collection of international internet websites). Some young people believed information provided by websites reduced the risks as buyers could make informed choices.

*you could choose what you wanted (G6SLAdF2)*

*it (internet) can show you different types of legal highs as well so you can figure out which ones are what, where to get them from and if it's something you want to get your hands on (G6SLAdF2)*

*you can read about them and choose which one is less strong, depending on what you want (G6SLAdF1)*

On websites, blends of SC are accompanied by a description of what 'type' it is. For example: "get the party started" or a "mellow chilled incense". There is no information on what exactly is inside the packet but having an option 'to shop around' gives the buyer more control over what substances they purchase. This highlights how at risk some young people are because of the level of trust they have in internet websites selling SC. They perceive themselves as clients interacting with trusted sellers. Young people who report taking illegal drugs and SC present themselves as experts however, these substances are produced in research laboratories and the exact content of each packet is unknown (by both the seller and the buyer). The more experience the young person had with these substances, the more aware they were of the various effects different blends of SC had.

*it's different every time (G7YCM1)*

*they are just random chemicals just mixed, together aren't they? (G5SLAcM4)*

*no one knows what's even in them (G6SLAdF1)*

*some might have less shite in than the rest of it, but some might not have (G5SLAcM5)*

*different quantities, one can be completely different to the other (G5SLAcM4)*

Hence, the young people with the most knowledge of SC are aware that little is known about these substances therefore, more perceived knowledge of SC does not decrease the risk when young people choose to experiment with them. In this study, many young people stated they would never try it again, based on their own negative experiences or those they witnessed. Most concluded that the only way to reduce the risk in consuming SC was to not use it at all.

*the only thing you need to know about spice is to stay away from it (G7YCM3)*

Findings show that more knowledge of the possible negative reactions reduces the use of SC however, due to their unpredictability, more knowledge does not necessarily mean less risk in the consumption of these substances.

There were views about the trustworthiness of information from sellers of SC versus personal experience. The majority view, from those with experience of SC, was that sellers were an untrustworthy source of knowledge.

*they don't care anyway, half the time they don't know what's in them either (G7YCM2)*

*no one knows what the fucks in it anyway (G7YCM4)*

*they'll just lie to you anyway just to sell it (G6SLAdM5)*

The ambiguity of this source of knowledge highlights the risk. Young people with less or no previous experience were more likely to value the information from sellers which ultimately increases the risk in taking these inconsistent, unpredictable substances.

*whilst if you went on a website that claimed that they specialised in these sorts of legal highs surely, you'd believe them a lot more (G6SLAdM4)*

*I'd just ask the guy selling them, surely, he'd know the most about his own products (G3EdbF4)*

For these young people, purchasing SC is compared with how information is valued when buying other consumer products. For example, one young person



discussed buying electronic equipment, stating that a person would not buy a computer without talking to the experts in the shop. Young people with first-hand experience of SC placed little faith in the information on the packets.

*and it says not for human consumption on it, which I find hilarious (G5SLAcM4)*

*well it does say on the packet not for human consumption and that's the only reason why it's legal to sell because it's got on the packet not for human consumption and if it didn't have that on the packet it wouldn't be sold (G1SLAaM1)*

*it's says not for human consumption and herbal incense or whatever they try to sell it as. They just put that there, so they can sell it (G6SLAM4)*

Additionally, most young people report there is little information on the packet about the contents, or just a list of chemicals.

*people just assume that's its put there so it can be sold legally so everyone ignores it (G2SLAbM2)*

Interestingly, young people with this knowledge assumed this understanding of the legal loophole to be common knowledge. This again links to risk, as knowledge of around NPS is assumed and therefore may not be available particularly for young people with little or no knowledge.

## **6.6 Conclusion**

Overall the findings show that the level of perceived risk of SC correlated with the amount of experience the young people have with illegal substances and/or SC and the context in which these risks were learned. Young people with first-hand experience, or who witnessed SC, were confident about the risks these substances presented. Most young people with little or no experience who had heard about NPS through peers or the media did not perceive these substances as safe however, a couple of them perceived the risks as minor compared to young people with experience, and one dismissed the risk. Young people with

experience of illegal substances and/or SC compared the risks to those of hard drugs. Almost all participants perceived these substances as much riskier than cannabis. The legal status of these substances had negligible impact on perceptions of safety as most were aware of law and the negative consequences however, perception of risk is directly related to the source of information around risk. For example, the amount of experience with cannabis and/or SC or information from the media. One young person with little knowledge perceived these substances as low risk.

## **Chapter 7. Young people's accounts of synthetic cannabinoids**

### **7.1 Introduction**

This chapter offers an interpretation and critical discussion of the findings of the study in relation to the three themes identified and underpinned by knowledge acquisition and how different sources of knowledge were valued and influenced their perceptions of NPS. The links between the findings and the literature and theory discussed in chapter two are also critically assessed to show where these findings support or challenge that body of knowledge and where the findings are new.

The two types of stigma were identified as characterising SC users, who were presented as an irresponsible group of substance users and as vulnerable. Within the literature the presence of stigma associated with SC is relatively new and this study offers innovative ways to consider stigma and SC. Participants also discussed aspects of SC they perceived as attractive to users which were linked to external circumstances such as availability, price and to a much lesser extent legal status. A very small number of young people discussed personal motivations for the use of SC including; higher dosage levels and unknown effects. The study explored how the participants constructed the risk of SC in different ways. Those with more experience and exposure perceived these substances as risky and dangerous. Those with little or no experience were unsure of the risks and one young person had never heard of them. Perceptions of risk were influenced by sources of knowledge about SC particularly close peers, the print media and the internet. The differences between how these sources were valued, depending on participants' level of experience with illegal substances and/or NPS, are examined. The relationship between sources of knowledge, risk and identity will also be considered.

### **7.2 Stigma and synthetic cannabinoid users as an irresponsible group**

The study found that most young people stigmatised the use of SC despite many reporting the use of cannabis. The young people who reported using cannabis, but not SC had the greatest level of disapproval, categorising SC users as

irresponsible. This reflects the work of Goffman (1963) and more recent stigma theorists (Rhodes et al., 2007). Goffman (1963) argues that it is the reaction of one group of people that determines the spoiled identity of others, even if their behaviour is not much different. Rhodes et al. (2007) also found that the group most likely to stigmatise drug users are other drug users. Despite their own cannabis use some of the young people in the study stigmatised the users of SC the most. They considered man-made chemicals revolting, unpredictable, under researched and highly dangerous. This is supported in the literature which highlights the varied levels of stigma between different substance user groups (Sanders, 2012; Alhyas et al., 2015). These young people did not consider SC comparable to cannabis and therefore SC were stigmatised as a completely different substance.

In these discussions, SC use was likened to Heroin use and users referred to as “spiceheads”. Not only is this term derogatory, it ties a user’s identity to their drug use. Burr (2003) argues that it is the development of jointly constructed understandings of the world that form the basis for shared assumptions about reality. Therefore, the meaning of ‘spiceheads’ is developed in coordination with others rather than separately within each individual.

Labelling substance users is not a new concept as can be seen in the literature depicting Heroin users as Junkies (Plumridge and Chetwynd, 2001). This is supported in the literature exploring the impact of labelling (Becker, 1963) which suggests that a person's identity and self-concept are continually defined by interactions with others and therefore only exist based on social interaction (Becker, 1963).

Therefore, SC users may integrate the label of “spiceheads” into their perception of their own self. Within the literature, heroin users are often referred to as ‘just’ heroin addicts, their drug using behaviour is their main identity, they become “outsiders” (Manna, Casiglia and Farcai., 2010). The negative consequences of labelling individuals such that their substance using behaviour becomes a self-fulfilling prophecy (Neale, Nettleton and Pickering, 2011) highlights the importance labelling and stigma play in relation to SC.

These young people are motivated within these discussions to ensure they are not associated with these substances, particularly by their peers. This performance could be attributed to front stage and back stage behaviours (Goffman, 1963) in which the young people may have used SC but, due to Felt stigma as well and fear of criticism or rejection, their front stage actions are to agree with the group “consensus” and stigmatise SC use. Mead (1964) argues that the meaning is constructed between the actor and the world and the actor’s ability to interpret the social world around them.

Within this study, some young people who self-reported the use of cannabis but not SC, presented a ‘no tolerance’ attitude and depicted SC users as blameworthy for any subsequent negative consequences. This is supported by recent research on SC that suggests the reputation of SC have evolved over time, in that before they were depicted as new experimental substances and users as “psychonauts” (Newcombe, 1999; Davey et al, 2012) studies now depict SC use as stigmatised (Blackman and Bradley, 2017). This supports Goffman’s (1963) concept of spoiled identity. Their presentation of SC users is a clear example of an attribute or behaviour considered so unacceptable that it leads to a disqualification of social acceptance.

Within the study, some young people with no experience stated this was based on the negative reactions and stories they have witnessed and heard. This supports the literature highlighting that stigma or social disapproval, may be enacted as a preventive measure for risk taking behaviours such as illegal drug use (Palamar, Kiang and Halkitis, 2012). The aggressive labelling of SC use may have different impacts on the behaviour of individuals inside their peer group. For example, recent theorists highlight that personalised stigma created within peer groups, when one or more members openly talk about or carry out acts that are not deemed appropriate for that group, can lead to a sense of shame. On a personal level this may serve to prevent use and ultimately protect peers from engaging in dangerous/risky substance use behaviours (Palamar, Halkitis and Kiang, 2013). As discussed, in this context stigma can be preventive at a personal level and acts as a hindrance at both social and structural levels. Within the discussions of ‘no tolerance’ attitudes there were no neutral or positive

reactions to SC therefore, some peer groups act as a protective factor against trying/using an unknown mix of toxic chemicals.

Stigma often serves a function (Simmonds and Coomber, 2009) and the young people with a 'no tolerance' attitude towards SC appeared to use this stigma as a mechanism to normalise their own cannabis consumption by undermining the rationality of SC users, highlighting their risk taking and ignorance. This also displaces acknowledgement of their own risky behaviour by presenting drug use by others as worse.

While the theory of normalisation is well documented within the substance use literature (Becker, 1963; Parker, Aldridge and Measham, 1998; Järvinen and Demant, 2009), the normalisation of cannabis by comparing it to SC is a new finding. Earlier research reported the use of SC as the 'legal' alternative to cannabis (Rosenbaum, Carreiro and Babu, 2012) followed by later research highlighting the dangers and negative reactions to various blends of SC (Lubarsky et al., 2014; Salani and Zdanowicz, 2015). However, there is no research exploring the stigmatisation of SC to normalise the use of cannabis, or any other substances. The possible implications of normalising cannabis use by comparison to SC will be discussed further in the recommendations section. In this account, smoking cannabis is more acceptable than smoking SC, acting to promote group solidarity and shift the stigma onto another group. The normalisation of cannabis was also evident, to a lesser degree by young people who reported little or no experience. These perceptions are supported by the Parker (2002) and the recent studies by France (2008; 2012) which explore the changes in the drug culture and note it has become more acceptable to engage in sensible recreational drug use to get intoxicated. The normalisation of certain substances reflects the cultural changes in society.

### **7.3 Stigma and synthetic cannabinoid users as a vulnerable group**

A further type of stigmatisation of SC users was presented by the young people who had used SC. This was the depiction of such users as vulnerable and helpless; presenting them as victims of circumstance, showing a degree of empathy. These young people prevent self-stigmatisation by highlighting external

factors that had encouraged their use of SC followed by their later resistance. The helplessness of users was achieved through language presenting them as vulnerable to the environment and external factors. Goffman (1968) argues that as a person manages the source of shame by concealing a deviant behaviour or presenting it differently to pass as normal. As the young people distanced themselves from their SC use, they attempted to distance themselves from their “perceived shameful” behaviour. Alongside using language to distance, the young people described their circumstances as a reason for previous use. Young people recruited from homeless hostels for people under 18 years stated that most people who used SC lived in hostels where it is readily available and/or had little money.

This presentation of stigma justified their own behaviour. For example, some of these young people discussed their environment as an influence, stating that young people who lived in hostels are more likely to use these substances. External factors such as cost and the ease of availability in the hostel environments were discussed as highly influential in the use of SC. While the concept that drug users presenting themselves as victims of circumstance is not new (Plumridge and Chetwynd, 2001), the current portrayal of SC use as problematic by those individuals with degrees of stigma linked to vulnerable groups. Blackman and Bradley, (2017) reported that the most commonly used NPS among socially disadvantaged groups such as looked after children and the homeless population were SC (25% of respondents).

Stigmatisation is damaging for potential and current users but can be positive when young people with experience and empathy contribute to creating more engaging and open youth services. This may prevent users and potential users from feeling ostracised. Acknowledgment that cost and availability of SC are reasons why young people use these substances can lead to recognition that this is not always an informed choice. If these potentially damaging behaviours are not seen as a product of immoral choices this can reduce the stigma and enable youth services to engage more effectively with potential and current users.

#### **7.4 The presence of stigma towards NPS: Young people with little or no experience**

Some young people reported negative attitudes towards users of NPS. Stigmatisation of NPS by those with no experience appeared to be highly influenced by the print media. Young people reported bizarre events creating fear and stigmatisation of users. The print media's false and inaccurate portrayal of NPS and their use of hyperbolic language to demonise users leads to the characterisation of them as deviant (Goode and Yehuda, 1994). The moral panic around NPS has significant implications for the treatment and support systems available for these people. Cohen (1963) argues that moral panic exists when a person or group of persons become defined as a threat in which people should fear. There has been a media campaign against NPS within the UK media over the last few years which is largely unconfirmed and in the most part inaccurate (Blackman and Bradley, 2017; Flinders and Wood, 2015). Users of SC are presented as zombies and violent criminals, supporting moral panic theory that the media create 'folk devils' (Howes, 2017; Lusher, 2017). Cohen (1963) argues these meanings are constructed between the interaction between the public and the media focusing on how the 'folk devils' in this case SC users are constructed into deviants.

The current study highlights the role of the media and how, when taken seriously, this can lead to stigma and moral panic. This highlights the influence of the media on the public, including young people, as they have little knowledge about the individual and political influences that inspire print news stories, particularly in relation to substance use. This has implications for raising young people's awareness about the individual and political influences that inspire print news stories.

In contrast, the young people with experience of substances acknowledged the sensational news reporting and the moral panic caused by this, only served to reduce their overall trust in the media. In relation to SC, there are many research reports documenting the negative harmful health consequences (Courts et al., 2016). However, the representation of the use of NPS as a social epidemic is a misrepresentation of the present situation and unfortunately continues to impact



on legislation (Sullum, 2016). Most young people with experience of substances discussed how extreme reporting made these stories difficult to believe and disregarded them, which is supported in other research studies (Crossley, 2014). The consistent stigmatisation of drug use, particularly cannabis, leads young people to believe that substance users in general have been stigmatised by the media; which does not reflect the truth of their own personal drug taking experiences. Even the most well-meaning journalists write stories containing inaccurate or misleading information (Jones and Qureshi, 2017), serving to encourage unfounded myths and unhelpful hysteria.

While the positive consequences of personal stigma may be avoidance of NPS for fear of being ostracised by peers; personal, social and structural stigma can result in shame and guilt. In addition to internalising negative identities, the presence of stigma can also result in less effective health services for potential users and current users of NPS (Miller et al., 2015). Additionally, stigma can prevent accurate information about the risks of using NPS being shared, potentially causing confusion and misinformation; thus, removing the right to decision making based on clear and accurate information. The presence of stigma and labelling impacts on attitudes to and perceptions of youth among health services personnel, impeding their ability to work without bias, undermining harm prevention and effective health promotion (Knaak, Mantler and Szeto, 2017; Zarei et al., 2015).

### **7.5 Attractiveness of synthetic cannabinoids, availability and the legal status**

Ease of availability was discussed as almost encouraging young people to buy NPS (Power, 2013). This study certainly found the lack of restrictions on buying these substances was perceived as an attractive feature. France (2012) argues there is a cultural change and an acceptance to be intoxicated thus making the NPS more attractive. The evolution in the drug culture made these substances much more available and ultimately more attractive. However, these findings on Head shops contradict the literature in which “the Internet is usually purported as the main arena in which NPS are marketed and sold” (Soussan and Kjellgren, 2016 pg. 83). Despite reporting private access to the internet using either

computers or smart phones, “headshops and peers” were presented as the main sources of availability. This may be related to the widespread availability (at the time of data collection) of SC across this geographical area, which made need for the Internet defunct (Musshoff, 2013). This may also explain why the main and, in some cases, only NPS that these young people were aware of SC.

In addition, one of the reported reasons for internet purchasing is to maintain anonymity of the buyer (Power, 2013). It may be that this age group, under 18, did not worry about anonymity as they openly talked about their cannabis use and were not in employment. Additionally, such groups may not have access to the bank account necessary to purchase via the internet.

Within the literature SC were often marketed as “the legal version” of cannabis (Johnson, Johnson and Alfonzo, 2011) with the reason these substances were created, to combat the ban on illegal cannabis. Interestingly, in the media and most reports on these substances, the legal status is considered within a health and safety context. The legal status was identified by participants as an attractive feature in relation to the lack of criminal consequences of carrying around cannabis which has been reported as an attractive feature in other research (Hammersley, 2010). However, most of these young people did not consider the legal status of SC as an important reason to use them.

The findings of the study did not support the findings of research studies suggesting that non-detectability of SC in drug tests was an important and motivating factor to use SC over cannabis; which links ultimately to the legal status of these substances (Perrone, Helgesen and Fischer, 2013). If cannabis was legal and there were no drug tests with possible criminal charges, then there would be no market for SC (Soussan and Kjellgren, 2016; Vikhyah et al., 2012). Studies highlight that SC became popular in populations that could not be associated with illegal substances such as the military and/or prison populations. Thus, establishing their position as a substitute for users in need of an alternative to cannabis (Soussan and Kjellgren, 2016).

## **7.6 Attractiveness of synthetic cannabinoids in relation to cost, dosage level and unknown effects**

Some participants identified cost as the main motivating factor as for them, a low income made SC's cost attractive and affordable (Mars et al., 2014; Richardson et al., 2016). There was a clear perception that if people had enough money, they would choose illegal cannabis over SC which is supported by many studies (Soussan and Kjellgren, 2016; Winstock and Barratt, 2013) as most people ordinarily prefer cannabis. Participants discussed the dosage level and the unknown effects of SC as a possible attractive feature for users looking for new experiences (Gibbons, 2012). However, despite trying SC, dosage levels and the surprise effects were not presented in a positive way, with many participants seeing these experiences as scary loss of control.

Earlier research found that experimental users were more prepared to try NPS and presented themselves as 'psychonauts' (Newcombe, 1999) in search of new and unknown experiences. Research carried out by Fattore and Fratta, (2011, pg. 1) discussed SC as appealing to "young and drug-naïve individuals seeking new experiences". However, research also suggests the willingness of experimental users was initially based on their lack of knowledge about the risks and being less afraid of the consequences (Blackman and Bradley, 2017). Currently, there is much more research on the effects of SC and a wider knowledge of negative consequences, particularly within health services, thus reducing the attractiveness of SC as a new experimental experience. Some studies show that SC were the least appreciated NPS, perhaps reflecting the severe side effects (Soussan and Kjellgren, 2016).

## **7.7 What the study did not find in relation to attractiveness in the literature**

Within the literature, the specific motivations for using NPS depend on the specific profile of each drug group (Soussan and Kjellgren, 2016). Previous research presented many positive personal motivations related to SC including curiosity, positive drug effect and relaxation (Vandrey et al., 2012). Research shows that despite temporary bans, young people continued to seek out alternative blends of SC. Within this study, a few young people reported use, but

none reported any positive effects or experiences. It is important to acknowledge that this may have been a result of the dominance of negative opinions expressed in the focus groups, possibly making some reluctant to share an experience that did not reflect those opinions.

Within the literature, especially in the US their invisibility in routine drug tests has been presented as an attractive and motivating feature for use (Castellanos and Gralnik, 2016). For those involved within the criminal justice system who are court mandated to undergo drug tests this is a primary reason for use (Nimmemann et al., 2016). This topic was not discussed within any of the focus groups, however none of the young people who took part in this study reported any current or previous incidents with substance use and the law.

### **7.8 Perception of risk in relation to health and safety**

Most young people found SC to be risky and dangerous because of their negative side effects and harmful health consequences. These were comparable to the range of side effects reported in the epidemiological research (Hu et al., 2011; Mdege et al., 2017). Some participants with little or no experience were uncertain about the risks of a range of illegal and legal substances, highlighting the importance of accurate and widely disseminated information aimed at young people. In the current study most young people with first-hand experience of SC and cannabis, compared their safety, pointing out that SC are much riskier and more harmful than cannabis and that it could be dangerous for people to believe the effects would be similar.

These young people reported that they would never try these substances, based on the negative reports from peers; this acted as a barrier to consumption which contradicts studies indicating peer influence encourages risk taking behaviour (Severson et al., 1999). Indeed, most were adamant they would never try it again and would actively discourage friends from trying SC. This supports the literature identifying peer groups as a positive influence on behaviour (Netemeyer et al., 2015; Green, Mitchell and Bunton, 2000) and is supported by research considering risk as a cost benefit analysis (Sharland, 2006) where potential harm outweighs expected benefits. There are studies reporting positive effects of using

SC (Vandrey et al., 2012) however, no such effects were reported in this study. In this context, peer groups reduce risk by acting as a protective factor. This finding also supports Measham et al., (1998) who argue recreational drug use is a rational and informed behaviour rather than deviant. Peers can have a positive influence on others not using substances (Karakos, 2014)

## **7.9 Risk and external factors**

Interestingly, some of the young people who reported trying SC had heard about or witnessed bad experiences but stated that lack of money for cannabis or ease of obtaining SC had influenced their choice to use it again even after having a negative experience. It is important to highlight that most of the young people reporting experience of SC were recruited from supported living accommodation and/or hostel living environments with a high level of exposure to drugs and alcohol in general. This is supported by individual risk analysis theories (Douglas, 1992; Sharland, 2006) which indicate that poverty and poor parenting have an impact on risk taking behaviours. However, many young people reported high levels of cannabis use with some reporting the use of SC when the availability of cannabis is sparse or the cost too high. This want/need to be high is supported within sociological theories embedded in cultural and ecological influences (France, 2012) such as the range of attractive websites selling NPS, marketed at the younger population. The young people who reported using SC and cannabis may have been influenced by the desire to be intentionally intoxicated and viewing this behaviour as desirable (France, 2012).

A lack of access to cannabis/ other preferred substances may have influenced the young people use SC in order to achieve this level of intoxication. This supports the literature that cultural norms and the influence of the drug culture are instrumental factors in risk taking behaviours (France, 2012). This is supported by the research exploring normalisation and drug cultures (Measham, 2008; Parker, Aldridge and Measham, 1998). The young people engage in these behaviours with agency as there is a cultural acceptance of intoxication and a recognition that young people like to get high (Wilson, 2006). Normalisation theory accepts that to get high is a rational and sensible choice but also refers to youth who “go beyond control” (Blackman, 2010). Young people who choose to use SC despite

an awareness of the risks may be influenced by the drug culture and acceptance of intoxication in pursuit of pleasure.

In addition, NPS may have come more attractive as a result of the media. By printing and reprinting stories about NPS the media act as a source of information, making them more attractive to the curious user, individuals that have never heard of them or young people chasing a “unknown exciting” drug experiences. (Marsh and Melville, 2011). As a result, the media is an unintentional source of information that could potentially increase the risk of use.

The use of SC despite an awareness of the risks, particularly for youths living in hostels can also be embedded in the cost benefit theory (Sharland, 2006) in that the expected outcome outweighs the expected disadvantages. This is particularly an issue for socially disadvantaged youth who will use cheaper more accessible drugs despite the risks (Blackman and Bradley, 2017) and supports literature identifying a higher rate of substance use in populations that are considered vulnerable (Blackman and Bradley, 2017). Indeed, SC use is predominant among young, white males (Joseph et al., 2016) and is no longer seen as a middle-class experimental drug (Blackman and Bradley, 2017). Joseph et al., (2016) found that the most prominent correlates of SC use were homelessness or residing in a shelter. Shapiro (2016) also reports that SC are currently presenting serious problems in prisons, young offender institutions and among existing service users. NPS have undergone a transformational change in which they are no longer seen as drugs of experimentation but cheap and powerful substances that are easily accessible and attractive for less recreational reasons.

Most participants who reported no or little experience with illegal substance use or SC, did not consider SC to be safe. They referred to stories in the media and incidents in local schools, but some were unsure about the risks and one had never heard of them. This is supported by studies which found inconsistencies in level of knowledge about SC. Blackman and Bradley, (2017) found their participants did not know which substances were more dangerous, highlighting this confusion. Despite not knowing anything about these substances the young people in the current study also stated that they would never touch any drugs and “especially those kind”. These opinions may have been influenced by circulating negative reactions witnessed or experienced by peers. Interestingly, despite not

being “informed” these young people did not appear to be ‘at risk’ as perceived by more experienced participants. This may be a result of the growing number of reported negative incidents surrounding the use of SC. This is supported by research that the relative risk to user’s health associated with the use of SC is 30 times higher than that associated with cannabis (Winstock et al., 2015).

### **7.10 Risk and illegal drugs, the legal status and positive risk**

Many of the participants presented SC as a “dirty drug” and stigmatised these substances and their users. Some compared SC with heroin (Simmonds and Coomber, 2009) and SC users were depicted as not in control of their drug use, irresponsible and unacceptable. In this presentation of SC users were “junkies”, like heroin and other hard drug users. Becker (1963) argued that the construction of the identity of the drug user as a ‘junkie’ comes from external sources however it can lead to the internalisation of the term and the normalisation of this behaviour that comes with it. Douglas (1966) highlighted that ‘junkies’ are considered an “other”, rejected category and that such labelling might have serious implications in relation to social alienation and an increased tendency to use drugs.

One of the main findings of this study in relation to identity, is the function of stigmatising SC to rationalise and normalise illegal cannabis use (Chapter 4). The findings present cannabis as not dangerous or risky however, recent studies show that cannabis use, particularly the stronger dosages now available, are associated with an increased risk of range of negative health outcomes including psychotic outcomes (Radhakrishnan, Wilkinson and D’Souza, 2014). This has implications for users and potential cannabis users and the risks of both substances should be made evident.

In relation to risk and substance use, some young males may also have been performing a script of masculinity exaggerating their reported drug experiences and boasting in front of other young males. For example, most of the young people reported SC as too risky however, within the study, a small subgroup of young males reported SC use as stupid and irresponsible whilst boasting about an excessive use of cannabis with extremely high levels of THC. Their

exaggerated stories and undermining of the drug experiences of other links to Connell's (1995) theory of hegemonic masculinity. Farrugia (2015) argues that this is a socially constructed expression of masculinity used to maintain power through subordination. In this context, using strong cannabis is the expectation of what young men do and therefore makes them appear more masculine.

In addition, this dominant presentation of their assumed masculinity could also be a result of their age and feelings of a powerless social status (Pound and Campbell, 2014). Some young males within the study may have felt the need to present themselves in a role that depicts them as 'grown up' to increase their social status. In this context, the use of cannabis/strong cannabis is considered the behaviour of a young man and exaggerated stories of use depict grown-up masculine identity.

Within the present study, only a couple of young people questioned the possibility that the legal status of these drugs, before the ban, implied that they were safe however this related more to the availability in shops rather than the law itself. Only one person in the study, who reported no experience of drugs, discussed the legal status as an influencing factor on perception of safety. This is supported by Corazza et al., (2014) suggesting that with the recent catalogue of adverse effects, dangers and health risks of these substances, people are more aware that they are not safe. Most participants were aware these substances were packaged including the term "not for human consumption" to sell them, thus the question of safety due to the legal status was met with hilarity. However, it does highlight that the use of substances and influence on risk taking behaviours are interwoven with social factors such as legislation and cultural norms in relation to drug culture (France, 2012).

Some young people identified the attraction of taking SC as rooted in risk of danger, potency and unpredictable effects. This is supported by studies exploring the relationship between risk and identity in relation to drug choice (MacLean, 2005). Banwell and Young (1993) state that when young people use drugs, they are aware that these say something positive or exciting about themselves as individuals. Therefore, young people choose drugs with varying levels of risk to communicate and shape their social identity (Douglas, 1992; MacLean, 2005). This was discussed as a motivating factor and is supported by research



suggesting that despite acknowledging the danger, it's the risk that increases the pleasure (Brown and Maycock, 2005). The young people in this study communicated more about their identity by actively not choosing to use these risky substances.

The young people that reported the use of SC depicted their behaviour as an alternative way to get high. This is supported by theories exploring youth rituals of intoxication which “interprets young people’s cultural activities of intoxication as a sign of agency and solidarity” (Blackman, 2010. Pp. 113) in both “sensible and stupefied” forms of intoxication.

### **7.11 Risk and the knowledge acquisition of NPS**

In this study, all reported experiences of SC were negative with many health consequences. As a result, these young people actively discouraged the use of SC and felt confident to advise others about the risks. In this context, young people with experience or close exposure have a good knowledge base on SC and, in comparison to many sources, could be considered credible experts (Palamar and Barratt, 2016; Blackman and Bradley, 2017). What is not evident in the findings is reports of positive experiences or how these might influence perception.

The influence of peer groups as a source of information for young adolescents is well documented (Tomé et al, 2012; Knoll et al., 2017). The current study found that young people held the opinions of their peers in high regard which influenced their perceptions and ultimately their own behaviour. An interesting finding is how much these young people valued their peers’ views above other information sources. This is particularly interesting with consideration to the inconsistent effects of SC (Winstock et al., 2015), as despite the inability to be sure of the product contents, shared experiences were still the most valued source of information.

Young people who had no, or little self-reported experience of SC also discussed witnessing or hearing about effects on people within their peer groups. However, these were presented as an unreliable source of information. The negative

reaction being witnessed was described as their own fault and assumed to be something the young person did to themselves. An interesting observation within discussions on witnessing people after taking SC, is that participants could not be certain what had been consumed. Despite not having all the facts, the young people perceived the effects to be the individual's fault, therefore this 'evidence' was not considered reliable.

Within the current study, the value given to websites providing information on drugs depended on participants' level of experience. Information from the internet was central in the relationship between risk and knowledge. Participants reporting experience of illegal substances and/or SC discussed the benefits of using online drug forums as a source of information on a range of substances. The internet forum can act like a peer group in which participants consulted specialist chat forums to find out about relatively new drugs, also found by Griffiths et al., (2010), where they valued the experiences of other drug users and were sceptical that people would lie. This supports the literature arguing first-hand experience is needed to create new information and the internet is a platform to share that information. Cinosi et al., (2014) states that drug forums are a response to the perceived need for internet drug forum members to understand drug behaviour.

In discussions with young people reporting high levels of substance use experience, the possibility of inaccurate or misleading drug information was not acknowledged and the idea that other drug takers would purposefully mislead or lie on these forums was in the main part rejected. This highlights the dangers of the internet as a source of information as, despite intermittent monitoring, the accuracy of these websites is largely unknown, along with the intentions of the members (Montagne, 2008). Qualitative research findings state that these sites vary in terms of the quality and objectivity of information (Hillebrand, Olsyewski and Sedefov, 2010). This links to the perception of risk, as these young people perceive their knowledge to be accurate and believe in their own ability to identify true and accurate knowledge, perhaps leaving them more at risk.

In contrast, the young people within the study who reported little or no experience discussed the unreliability of drug forums. This could act as a protective factor as it is not clear how useful and informative these websites are. These young people

confirmed the internet is confusing, that they would be uncertain where to look, and naming Google and Wikipedia as sites to use to inform themselves. The links to findings that young people who used the internet to inform themselves, found it increased knowledge but normalised risky behaviour; suggesting people with little or no experience may be porous to new ideas presented on the Internet (Deluca and Schifano, 2007). From a different perspective, this increases the risk to the young person.

Whilst one participant thought of head shop owners and sellers of NPS as reliable sources of information, in reality many retailers have been miss sold products and are not aware of the contents/ingredients (Brunt et al., 2017). This highlights the vulnerability of people with little experience. Most young people stated they would not trust information from sellers and doubted this was accurate, supporting Partilla and Lehner, (2013) who report that only half the retailers provide warnings and most necessary information was lacking, particularly for new products. These findings highlight the inconsistency and inaccuracy of retailers' websites and that young people's perceptions of risk are undermined by their false sense of security.

Interestingly, only one young person mentioned social media as a source of information, despite millions of users communicating online anonymously about different drugs (Norman et al., 2014). This may have been related to the age of the sample of young people or how they engage with these media platforms.

## **7.12 Conclusion**

This chapter has offered an interpretation of the findings revealing widespread stigmatisation of SC users by most young people in the study. Underpinned by the sources of information valued in understanding young people's perceptions of SC some of the findings around stigma often supported the existing literature on Stigma and some were new contributions to knowledge. For example, the findings reveal different levels of stigma between different substances and that the reputation of SC has evolved over time with SC use now considered stigmatised. However, in this study the young people did not consider SC as alternative to cannabis, instead a likening the use of SC to Heroin use through

the label “spicehead”. This ‘no tolerance’ attitude to SC appears to function as a stigma used to normalise their own drug using behaviour. From this perspective, the young people depict “legal” substance use as irresponsible to normalise their illegal drug use.

Young people who had previously reported using SC presented in SC users as victims of circumstance influenced by external factors such as cost. This can be also be seen within the drug literature and is not exclusive only to SC use. Within the study, external factors such as cost, and availability were considered main motivating factors but, despite this, most young people perceive SC to be dangerous which supports the most recent research on SC. In relation to attractive features, the study did not support the literature on the impact of the legal status and non-detectable drug testing, however this may have been a result of population’s age.

The young people in this study construct risk differently and value different sources of knowledge depending on their level of experience with illegal substances and/or SC, which is supported in the literature on substance use. However, the study found that the legal status had little/no impact of the perception of safety which may be in relation to increasing knowledge of negative consequences. This has implications for how we work with and educate young people with varying levels of experience. Finally, the study supports the findings that peers are the most valuable source of information about drugs however, the findings reveal the complexity and inconsistencies of information available on the internet, highlighting the need for clearer guidelines on how to access up to date, accurate information. Additionally, the study highlighted that many young people understood the concept of moral panic and “folk devils” however the lack of understanding of political and social agendas meant that some young people fail to question the accuracy of sensationalised media stories.

## **Chapter 8: Conclusion and recommendations**

### **8.1 Introduction**

This chapter will consider the study's contribution to knowledge, its strengths and limitations and recommendations for professional practice and future research. The primary aim of the study was to explore young people's perceptions of NPS. This question was warranted by the lack of qualitative research focussing on 16-24-year olds in relation to NPS. The secondary research questions aimed at exploring variations between young people's perceptions, depending on their social settings, how young people perceived risk in relation to NPS and how these perceptions influence the construction of their own identity. The study found three overarching themes that influenced perceptions of NPS: stigma, attractiveness and risk which were underpinned by how the young people acquired knowledge of NPS. There were clear differences in perception within these three themes in relation to how knowledge of NPS was acquired and the level of experience the young people had with illegal substances, mainly cannabis and NPS. The first section clearly highlights the novel contributions this study makes to this under researched and evolving research area.

### **8.2 Contributions to knowledge**

#### **8.2.1 Stigma**

Within the literature the presence of stigma associated with SC is relatively new and this study offers insight into stigma attached to SC. This study shows stigmatisation associated with SC is dependent on the level of experience an individual/group has with cannabis or SC. This finding addresses a gap in the literature and has implications for practice in health, education and social services; taken up later in this chapter.

One of the main findings relates to the young people who reported only using cannabis and not SC. They presented a 'no tolerance' attitude and depicted SC users as to blame for any subsequent negative consequences that occurred. The level of stigma was so high that SC was likened to heroin use. In some peer groups, this 'no tolerance' attitude acts as a protective factor against using SC for

fear of stigmatisation, peer rejection and to protect their social standing and identity. However, the implications of the stigma will have much more complex and challenging effects on the ability of health services to work with SC users. Key issues include potential disengagement with services leading to ostracisation and increasing potential harm. Additionally, stigma may force users to internalise and deny issues with SC which means services cannot recognise or identify these problems.

Interestingly, the reason for this 'no tolerance' stigmatisation was not in relation to health and risks of SC but to normalise the use of cannabis. While the theory of normalisation is well documented within the substance use literature, the normalisation of cannabis consumption by comparing it to SC is a completely new insight. The presence of stigma was also depicted by young people who had previously used SC and presented current users as vulnerable, naive and victims of circumstance not immoral choices.

An interesting finding was the presence of stigma by young people with no experience of cannabis or SC, who were influenced by the print media. While the damaging effects and creation of stigma by sensationalised media stories is not new, it does highlight that users of NPS and more specifically SC are a new "folk devil". Here users will be increasingly persecuted and stigmatised resulting in unmeasurable damage to potential users, users and the health services working with them. The media as a source of information is dependent on the level of experience a young person has with substances. The study reflects the print media presentation of NPS and its development of moral panic in relation to SC. The evolution of SC, the creation of folk devils and the subsequent change in legislation all reflect moral panic development as described by Cohen (2002). This process will be damaging for young people with little experience of substance use and who do not question the accuracy of print media. It may lead to inaccurate knowledge of substances and even stigmatisation. Moral panic is certainly evident in the 'knee jerk' policy to ban all psychoactive substances in 2016. For example, the damning media imagery may result in users or potential user's refusal to seek help and support. This also has implications for youth and drug workers and the way they work to reduce or prevent stigma.

### **8.2.2 Attractiveness**

This study shows that for most young people, particularly those reporting cannabis use, the legal status has very little impact on the attractiveness of these substances. This suggests that criminalising these substances will not have deterrent effects on those using SC. In relation to this population of interest, the change in policy did not prevent them using these substances or reduce availability as reported by local health services (personal communication: health services manager). Instead it could move sale into the hands of street dealers, thus having major implications for policy.

On the contrary, the study highlighted that factors such as cost and availability were main motivating factors for use, particularly for young people in hostels and supported living accommodation. This suggests the cost of these substances is perceived to be more attractive in the decision to use SC than the associated stigma and risks. This has implications for youth services working particularly with socially disadvantaged groups, highlighting that a more targeted response is needed to counteract the factors driving use and reduce harm.

There were discussions on possible attractive factors in which a pattern emerged relating to dosage levels and unknown effects however, the consequences of the latter may also be a reason why these substances are not found attractive. Interestingly the young people in this study did not report avoiding a positive drug test as an attractive feature, which is often reported in the literature in relation to SC. This may relate to the age of the sample or their employment status and has implications for services identifying motivating factors for SC use in different age groups.

One finding is that the inconsistent effects of SC, mainly resulting in dangerous reactions, reduces their attractiveness which has practice implications for the response to SC. There are a range of factors influencing drug related behaviours such as peers, the media, legal regulations and evidence-based information. Being aware of all factors that influence drug related behaviours can help services work more efficiently with users. It is necessary to identify what factors are considered in relation to the range of contexts that impact on why interventions work with some people and not others, such as: personalities,

specific backgrounds, histories of drug use. As with previously established drugs, one drug policy will not fit all, and the more evidence-based information available on SC will affect how we consider and work with these substances.

### **8.2.3 Risk**

One of the main findings of this study is that most participants perceived SC as dangerous and risky, challenging recent studies where users reported positive experiences of these substances. Despite the growing amount of evidence depicting a range of negative reactions because of using SC there is continued evidence of use. For some, peer groups act as a barrier to use however, young people who are motivated by external factors such as low price and ease of availability are at risk. The risks are higher for young people in socially disadvantaged situations which has implications for all professionals working with young people.

Importantly, despite the growing amount of academic and non-academic information available on NPS, some young people with little or no experience were still confused about the risks, particularly in relation to other substances. Young people with varying levels of experience construct risk in different ways and as a result, confusing and unclear information leaves them vulnerable, open to exploitation and at risk

Almost all participants were aware that these substances were previously on sale due to the loopholes in the law. While 2016 saw the criminalisation of all psychoactive substances recent reports show that the attempt to reduce availability has moved the sale of SC from headshops and online to street dealers. Some local health reports and news reports claim this move has made these substances even more available to vulnerable populations. This highlights a need to review the risks of SC following the Psychoactive Substances Ban (2016).

A major finding of the study was how different sources of knowledge on SC were valued depending on level of experience with either illegal substances, SC or both. The findings of this study show that young people with greater experience see their peer groups and, to a lesser extent, drug forums as reliable sources of



information. While this is reflected in the literature what needs to be considered with SC is the unpredictable effects because of the unknown ingredients. In this context, using personal experiences as a source of information is unreliable and has implications for perceptions of risk. For example, ordering two packets of the same “blend of spice” may result in very different reactions. This inevitably includes personal experiences reported on shared drug forums which cannot prepare a person for the effects of SC.

Another important finding relates to the internet as a source of knowledge. Young people with experience of SC and illegal drugs, highlighted that general drug education websites were too basic, and the information was one sided in presenting the “all drugs are bad” argument. As a result, these young people stated they found specialised drug forums more useful to inform themselves. Interestingly, they considered this method risky for people with limited experience thus revealing their own lack of awareness of the dangers in using uncontrolled drug websites, just because they considered themselves to be experts. In contrast, young people with little or no experience of substances stated that they didn’t use educational drug websites but could use generic search engines if they wanted information, which are uncontrolled and unregulated.

These findings highlight an alarming risk with the internet as a source of information on NPS, for both young people with high levels of experience and those without. The study also found that young people with little or no experience thought the websites where these substances are sold are a valuable source of information. Worryingly, lack of knowledge can mislead some people into thinking the same laws and trade restrictions apply as with most products bought and sold online. This indicates a need for a more robust knowledge base around these substances

#### **8.2.4 Summary of contributions to knowledge**

The study answered the first two research questions, providing a unique, in-depth, insight into perceptions of SC of young people from a range of social settings, with various levels of experience with substances. The answer to the third research question, exploring the relationship between perceived risk of NPS

and how this influences the construction of identity, is evident in the three groups of young people that emerged out of the data with varying levels of experience.

Within this study, most of the young people rejected these substances, thus creating a stigma towards the use of SC. The type of stigma presented relates to the level of reported experience with SC and/or illegal substances. Some of the young people who only reported the use of cannabis, completely rejected the use of SC. This rejection by young people who presented a 'no tolerance' attitude to SC did not appear to be in relation to the risk to users, as their behaviour was defined as stupid. However, they did present the known risks of using SC as irresponsible and dangerous in comparison to cannabis. This allowed them to define their identity as more responsible drug users who use natural, safer drugs.

Young people who reported using SC once, depicted SC as an unpredictable, dangerous drug that they would never use again. Interestingly, these young people depicted their first-hand knowledge of the risks as the reason they are 'experts' distancing themselves from these substances. However, they depict current and potential users, people "other" than themselves as vulnerable, naïve and victims of their own circumstances. Young people who reported little or no use of drugs defined NPS use as very risky, irresponsible behaviour, which influenced the construction of their "no drugs" identity

The study offers novel contributions to the literature particularly adding to the qualitative exploration of NPS. The findings offer many practical implications for the youth and health workers and contributes to a knowledge base for local and national policy making, which will be further explored in section 9.5.

### **8.3 Strengths and limitations**

The initial study wanted to explore NPS as a group of substances however the knowledge base of the participants meant the research focused specifically on one type of NPS, SC. This may have been a result of geographical area, evolution of NPS or opportunistic sampling. While SC became the focus of the study, some young people had only heard of these substances through the media

and included other types of NPS, therefore the title of the study needed to remain the same.

The decision to collect data from focus groups was dictated by the research objectives, requiring collection of data across a range of settings and the impact of the age of the population. However, the use of focus groups had some methodological shortcomings. Firstly, some participants were recruited using convenience sampling, introducing elements of bias into the sample. For example, vulnerable young people who are in touch with NHS or social services were not included. Secondly, that young people within this study did not report any positive experiences with SC may have been a direct result of dominant voices in focus groups. From one perspective, this provided extensive detail on themes around stigma and identity however, it is possible that there were young people who had positive experiences but did not feel confident to share these.

In addition, as discussed there is a clear distinct gender imbalance within the study which may have influenced the dynamic and discussions within the focus groups. The performances of masculinity which can be categorised by exaggerating drug taking experiences, boasting about risky drug behaviours and undermining the drug taking behaviours of others are evident, particularly between the young males in the final focus group. It was clear to the researcher that this display of power discouraged two young males, not in the friendship group to contribute. The researcher managed to limit these shows of bravado but not eliminate them. This performance of masculinity may also have been present to a lesser extent in the other focus group. In addition, the group consisting of females only, was timewise very short and there was not much discussion between the participants. This may have also been influenced by gender in that the young females played down their drug using behaviours or did not exaggerate their experiences.

One to one interviews were included to counteract such problems with focus groups. The researcher identified participants who may not have contributed due to the focus group dynamic or had a lot of interesting perceptions and attitudes on SC. Most of the young people asked to participate in interviews refused, and interviews that did take place offered no new information, particularly the

telephone interview. The researcher concluded this had been a somewhat pointless approach and would therefore not repeat this again. Indeed, the interview with one knowledgeable young person showed that saturation point had been reached in the data collected in the focus groups.

The study collected demographic information such as age and gender. Information such as age was collected to ensure that all participants met the study's inclusion criteria (Kelley et al., 2003). Additional demographic information such as gender and postcode were collected in case the sample sizes were large enough and the researcher was able to differentiate between different subgroups. This segmentation could have offered insights that may have been missed in the focus group data, enabling the researcher to make comparisons, such as differences in gender perceptions of NPS. Unfortunately, such quantitative analysis did not prove possible owing to the small sample size and sample composition.

The study aimed to explore perceptions from a range of social settings and ultimately there was a good balance between input from specialised services, educational settings and a youth centre. However, in the early recruitment stage, without external support from children's services, the researcher experienced a complete lack of response from local educational settings. To ensure a range of settings, youth centres associated with educational centres were asked to participate and, with support from the Director of Children's Services, two educational services agreed to participate. However, the results may have been different had there been more participation from educational settings.

The participation of young people in this research area is considered invaluable and the resistance of educational services to the recruitment of young people may prevent other researchers conducting similar studies. In the future, gaining prior permission to conduct such research from the Director of Children's Services would be obtained from the outset so that they could actively encourage participation from a full range of local youth services.

The use of social constructionism in this qualitative research study can be considered a major strength. As constructivists are especially interested in how meaning is constructed together, the study utilised focus groups. This revealed

not only what the young people perceived but also the reasons behind these perceptions and how that meaning was reached (Bertini, 2012). During their interactions, the young people stimulated and encouraged discussions, with each contribution triggering more spontaneous interplay (Bertini, 2012). In addition, focus groups within a social constructionist approach reduce the role of researcher, who becomes more like a facilitator. This level of freedom produced many interesting thoughts, concepts, ideas and accounts of experiences (Warr, 2005), which supported the research aims.

The ethical approval process was relatively straight forward due to the researcher's previous research experience with young people and possible sensitive topics. However, there were some questions around how "at risk" would be defined in the focus group, should a young person disclose. The researcher carried out the research in line with the individual guidelines of each organisation on the issues of disclosure. In some research sites this information took time to find. To ensure a smoother ethical approval process, this type of information would be requested at initial meetings with participating organisations, to prevent delays in conducting the research.

When recruitment via organisations was initially discussed one of the consistent issues raised was the process to be used if participants required more information or support. Fortunately, the research was supported by a manager from a local young people's drug and alcohol service, who offered to be available after sessions to provide anonymous information and support to young people and staff. This reassured the organisations that the welfare of the young people was fully considered, and that an action plan was in place.

One of the strengths of the study relates to recruitment once organisational permission was given. In educational settings, young people were recruited at least one month before data collection. In services where the population was more transient, young people were easy to recruit on the day, once the research had been fully explained. The process of the recruitment and participation of the young people was at odds with the complex procedure of recruiting local organisations, who sometimes took weeks to reply, needed to be consistently chased up or didn't reply at all. This process was made even smoother as the age of participation was 16 therefore parental guidance was not needed.

Limitations of using *NVivo* guided thematic analysis previously outlined were that annotations and comments could not be presented on the same transcript page. However, the researcher combined a mix of both manual and computer assisted data analysis to initially make comments and notes. Visualising annotations and comments manually and then using *NVivo* to see how these annotations and comments link together has been shown to be beneficial (Welsh, 2002). This dual approach ensured the transcripts were fully analysed throughout the whole analysis process.

One of the main strengths of the study relates to the discussion between the young people around the negative consequences associated with SC. The similarity of their information compared to the listed consequences provided in the academic and health literature shows evidence of confirmability, thus enhancing the trustworthiness of this study.

#### **8.4 Implications for future research**

The findings of the study clearly highlight possible directions for necessary and useful future research. Particularly important is to explore the availability and risk of SC after the Psychoactive Ban (2016). One of the intentions of the Psychoactive Ban policy was to reduce or remove availability of these substances. However, local health services report that since the ban, these substances are now available through street dealers which in some cases have a more aggressive selling technique (personal communication from a local health service manager). It can be considered that for some populations such as homeless people, SC are more accessible than before the ban. Research is needed to explore the effect of the ban on the availability of these substances among various populations of young people, to identify what the exact effects of the ban have been. As discussed, there is a clear gender imbalance within the current study and therefore future studies could explore any differences between perceptions of NPS in relation to gender.

In relation to the print media, it appeared that some young people had very little knowledge about the individual and political influences that inspire news stories, particularly in relation to substance use. It is also evident that some young people believed the media could not report inaccurate, misleading information. Research

is needed to explore how young people understand the role of media and concepts such as 'moral panic' in relation to NPS, particularly in relation to the current presentation of SC users and its impact on how these substances are perceived.

In terms of methodological recommendations for research, drawing on the limitations identified above, it would be useful to conduct research to take account of these issues. The participants mainly discussed SC, which may have been related to age and location. A similar study could be carried out with young people in different cities across the UK, exploring variations in perceptions. In this study a much larger sample could be recruited to ensure the usefulness of demographic data collection and enable comparisons to be made. The study acknowledged the methodological issues in using focus groups which could be addressed in future research. A future study could conduct one to one interviews with an older population to explore perceptions and experiences. Future studies could compare the drug use and perceptions of participants with varying levels of experience with different substances.

Some participants stated that young people living in hostels were more likely to use SC. Future studies could carry out in depth phenomenological research with socially disadvantaged groups to explore the "lived experience" of both users and non-users in these populations. This might also include observational ethnographic methods to explore behaviour.

Some young people may not have participated much in the focus groups due to the group dynamic. Future studies could conduct similar studies using friendship groups, pairs or groups of three where each participant feels comfortable enough to share their thoughts. This may encourage young people to be more open about their views. By recruiting friendship pairs, the conversation can flow easily without participants feeling compelled to answer. In addition, with smaller groups the researcher could have a more active role in encouraging participants to participate in the discussions.

## **8.5 Recommendations for professional practice**

From the findings, the following recommendations have been developed. These have been divided into local, national and policy recommendations. Primary prevention must be the focus of services that work with populations at risk.

#### **8.5.1 Local recommendations**

- The high presence of stigma surrounding SC needs to be acknowledged within youth services. Services working with young people need to provide education and training for staff on what these substances are, including the effects and risks. Such services should actively work to reduce stigma by being prepared with accurate and up to date information on the latest NPS and open and approachable to discuss any issues and concerns. Staff should encourage communications between themselves and their young clients.
- Staff should be made aware of the different types of stigmatisation and their function in relation to SC. Particularly their role in the normalisation of cannabis use and the implications of this. In particular, that SC use is highly stigmatised and considered highly irresponsible therefore users may not engage with health services and staff should be aware that cannabis in comparison is depicted as safe and natural, without consideration for the increasing levels of THC or that it is an illegal substance. Information needs to be provided on the implications for young people's behaviour.
- Workshops and training should be provided to staff and young people within hostels and supported living accommodation and include the understanding of stigma and how it can be created. i.e. the role of the media, moral panic and folk devils and the potential implications of these. For example, in the recent local media SC use has been presented as an Apocalypse with users labelled as dangerous Zombies. Staff and young people need to be aware of the discourses round these substances, ensuring labelling is dispelled and that young people are aware of the potential impact of this stigma
- Local services working directly with young people should provide a one-page simple fact sheet, bullet pointing the differences between and risks of



SC and cannabis. Staff should be aware of the increasingly high levels of THC present in cannabis which may lead to short or long term negative health consequences. The possible negative consequences of cannabis should not be ignored or overshadowed in comparison to SC.

- Within youth services, fact sheets and guidance on how to use the internet safely when researching substances need to be clearly visible in public internet spaces and seating areas. This includes, highlighting the risks involved in using the internet.

### **8.5.2 National recommendations**

- A main national recommendation would be to introduce NPS into state education as an integral part of the Personal, Health and Social Education curriculum. A clear and concise basic knowledge of what these substances are and what forms they come in needs to be provided. Using evidence-based resources, information should be provided to students on the effects and risks and what services are available for more information.
- Schools could provide a fact sheet on synthetic and natural cannabis acknowledging that cannabis is being increasingly recognised for medicinal purposes and SC does not contain cannabidiol. This needs to include the availability of illegal cannabis with much higher levels of THC than previously.
- There is also a need to educate our young people, particularly those with very little experience with substances, on the role of the media, providing knowledge about the individual and political influences that inspire news stories particularly in relation to substances. Informing young people that stories may not be accurate or may be misleading, including awareness of moral panic and the impact of creating folk devils in the media.
- Youth and health services should put up posters in public areas and provide information pamphlets on NPS, the range of these substances, their effects, risks and provide information on which substance use services such as Young Addaction are available and to whom. Anonymity and confidentiality should be assured.
- Findings reveal that despite awareness, young people in socially disadvantaged groups are tempted to continue to use SC based on the price and availability. This highlights the need for a high level public health, preventative approach to these substances. Specialised drug services should work together with health care services and youth services across the UK to educate on the local epidemiological trends in the communities

they work in, as well as keep up to date with the best practices for working with users and providing support.

- Full training and education should be provided to community services staff working directly with people more exposed to using these types of substances, including law enforcement, the courts and all medical staff; particularly those working in Accident and Emergency departments.
- Staff working in youth services that directly work with issues resulting from the use of SC may benefit from the knowledge and information gained by young people. For example, hostels and supported living accommodation should provide an open and anonymous service to encourage young people to be more open with their experiences and concerns. Research has shown that effective strategies for stigma reduction include communicating stories of people with experience or history of substance use (Livingston et al., 2012). This source of information could be used by services to reduce or dispel stigma and ensure information and support is available to both staff and young people in front-line services.
- As a source of information, the internet plays a pivotal role for NPS. Currently, specific drug forums are loosely monitored however there is an opportunity to use these platforms to ensure young people are made aware of the risks of using internet resources, including the possibility for inaccurate or misleading information. National guidelines should be created to assist services working with young people on how best to use such specific websites and what caution needs to be taken. These specific drug forums can be used to direct service users to neutral drug information websites.
- The internet is also a selling platform for NPS (not UK based websites) and there needs to be information on how these substances can be sold online without restrictions. An information sheet needs to include the lack of product information, given many sellers are not sure what is in their products. Young people need to be aware that these sites are not monitored and are unsafe.

- The study highlighted the dangers of inconsistent messages and despite good intentions, many reports on NPS and SC contained inaccurate or misleading information. This highlights an opportunity for education at a national level about the media. Educating young people to treat these stories with caution, ensuring that young people are aware that not all information in the newspapers is accurate or unbiased. Young people should be provided with the skills to question the integrity of the print media to make informed, rational decisions on accuracy and veracity of information.
- Information needs to be accurate, up to date with a list of Dos and Don'ts. Due to the lack of trust in current national drug websites, services where substance use is addressed, such as local drug and alcohol services specialised for young people could create together a more trusted set of websites for education and information on substances.
- The staff within specialised drug and alcohol services should be regularly trained on these substances and should provide information to users and potential users about the possibilities of mislabelled and mis-sold products from online stores.
- Youth services specialising in substance use or that work closely with vulnerable populations need to provide a more targeted response to counteract the factors driving use, tailor services to specific needs and reduce harm. For example, specially trained staff providing outreach care and a community response for young people living on the street. Up to date information on short and long-term risks and where to seek support.

### **8.5.3 Policy recommendations**

- It could be argued that the presence and prevalence of SC is a result of the legal status of cannabis. Many studies and reports claim that if cannabis was legal then there would have been little or no market at all for SC (Spaderna, Addy and D'Souza, 2013; Winstock and Barratt, 2013).

The legalisation of cannabis may reduce the risks associated with SC. The relationship between legislation, drug policies and drug use, needs more careful consideration. Medical experts suggest that cannabis legalisation might lead to less SC use (Warner, 2016). Within the UK, Tim Farron the former Liberal Democrat Leader, supported the legalisation of cannabis to improve the mental and physical health of young people (Watt, 2016). Under relaxed drug laws on the use of cannabis in the Netherlands there is no market for SC (Sommers, 2015) which demonstrate that it is prohibition that creates the demand for these products and not the users themselves.

- Under the Psychoactive Substances Act 2016 SC are now also illegal for sale and purchase. However recent studies (Blackman and Bradley, 2017; Ralphs et al., 2017) reveal the continued use of SC as an increasing threat among socially disadvantaged groups. Therefore, the criminalisation of these substances may have increased the risks of these substances and Police in the UK reported that legislation has shifted supply on to the streets (Taylor, 2016). The police also report that the product being sold was probably more consistent in the head shops and now it is more varied, and the compounds are constantly changing (Perraudin, 2017). The former government chief drugs advisor David Nutt continually argued that drugs all should be legalised to minimise the harm with both legal and illegal substances (Tran, 2009). With more active controls on these substances and removal of the black market, they would become less risky and users or potential users could contact health services without fear of criminalisation. Further evidence to support the legalisation of cannabis can be observed by approaches taken by other European countries. Portugal decriminalised the possession of all drugs for personal use in 2001 and their drug situation has significantly improved in several key areas (Transform, 2014). Most importantly, in relation to NPS, Portugal has the lowest rate of use of these substances of any country where reliable data exists. It reports, that due to the legislation, Portuguese drug users have little incentive to buy unknown suspicious substances from criminals or unknown internet sources. As a result, it is safe and drug dealers move to operate in other countries.

- Legislative change, the media and drug related harm are not independent of each other and future policies need to consider how these intersect and influence each other (Bright et al., 2013). It is important to acknowledge the presentation of SC and how they are discussed within the media, as this influences how policymakers frame the debate on substances. The media needs to be responsible for unbiased and accurate reporting on these substances so that dominant discourses about SC are accurate and do not create moral panic through sensationalised stories and labelling. The media needs to be held responsible for its misleading and inaccurate stories. Stories that are shown to be false and without evidence need to be retracted and the newspaper/journalist held to account.

## **8.6 Overall conclusion**

Conducting this piece of research has been challenging and rewarding. Exploring the perceptions of young people particularly on such a novel topic and current media coverage or the knee jerk reactions of policy makers was eye opening, revealing the real value of research in working well with young people and young people's services. This research highlights that the acquisition of knowledge and which sources of information young people value to understand NPS underpins how they perceive NPS in relation to stigma, attractiveness and risk. The study shows there is a need to raise awareness of the stigma surrounding the use of SC and the different functions it has, which could change the way youth workers work with users, and potential users, and ultimately reduce harm. This is particularly important in relation to process of the normalisation of cannabis through its comparison to SC. The findings also support the current research that SC is problematic in socially disadvantaged groups particularly in relation to influential external factors which again has wide reaching implications for front line services and the need for a national targeted response.

There is a real need for accurate unbiased information to make young people aware of the risks of SC to ensure they are enabled to make informed, rational decisions in relation to substance use. Additionally, services working with young people using or exposed to these substances, need to have access to unbiased accurate information that can be utilised with a range of populations. Working

closely with young people, sharing information on what sources of information are valued and who can ensure information is provided in a useful meaningful way.

An interesting challenge would be for qualitative research findings to be taken seriously by policy makers when making policy that incorporates evidence-based research on the populations that any new legislation is directed towards.

## References

- Advisory Council on the Misuse of Drugs (ACMD) (2011) *Consideration of the Novel Psychoactive Substances Legal Highs*. [Accessed 10 August 2014]. Available at: <https://www.gov.uk/government/publications/novel-psychoactive-substances-report-2011>
- Alhyas, L., Ozaibi, N. A., Elarabi, H., El-Kashef, A., Wanigaratne, S., Almarzouqi, A., Alhosani, A. and Ghaferi, H. A. (2015) Adolescents' perception of substance use and factors influencing its use: a qualitative study in Abu Dhabi. *Journal of the Royal Society of Medicine Open* [online]. **6**(2), pp. 1-12. [Accessed 06 December 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4349760/>
- Ahern, J., Stuber, J. and Galea. (2007) Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* [online]. **88**, pp. 188–196. [Accessed 12 June 2015]. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.530.385&rep=rep1&type=pdf>
- Arunotayanuna, W. and Gibbon, S. (2012) Natural product 'legal highs'. *Natural Product Report* [online]. **29**(11), pp. 1304-16. [online]. [Accessed 13 November 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22930322>
- Auerbach, C. and Silverstein, L. A. (2003). *Qualitative Data. An Introduction to Coding and Analysis*. UK: NYU Press
- Ayres, T. C. and Bond, J. W. (2012) A chemical analysis examining the pharmacology of novel psychoactive substances freely available over the internet and their impact on public (ill)health. Legal highs or illegal highs? *British Medical Journal Open* [online]. **2**(4), pp. 1-8. [Accessed 13 November 2014]. Available at: <http://bmjopen.bmj.com/content/2/4/e000977>
- Bahora, M., Sterk, C.E. and Elifson, K.W. (2009) Understanding recreational ecstasy use in the United States: A qualitative inquiry. *The International journal on drug policy* [online]. **20**(1), pp. 62-69. [Accessed 22 December 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2630386/>
- Banwell, C. L. and Young, D. (1993) Rites of passage: smoking and the construction of social identity. *Drug and Alcohol Review* [online]. **12**, pp. 377–385. [Accessed 02 September 2016]. Available at: <http://onlinelibrary.wiley.com/enhanced/exportCitation/doi/10.1080/09595239300185471?citation-type=reference>
- Barbour, R. S. (2007). *Doing Focus Groups*. London: SAGE.
- Barnard, M., Russell, C., McKeganey, N. and Hamilton-Barclay, T. (2016) The highs and lows of NPS/ "Legal High" use: Qualitative views from a UK online survey. *Drugs: Education, Prevention and Policy* [online], **24**, pp. 1-7. [Accessed 30 January 2015]. Available at: <http://www.tandfonline.com>
- Baumann, M.H., Partilla, J.S. and Lehner, K. R. (2013) Psychoactive "bath salts": not so soothing. *European journal of pharmacology* [online]. **698** (1-3), pp. 1-5. [Accessed 03 January 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3537229/>



- Baumann, M. H., Solis, E., Watterson, L. R., Marusich, J.A., Fantegrossi, W. E and Wiley, J. L. (2014) Baths Salts, Spice, and Related Designer Drugs: The Science Behind the Headlines. *Journal of Neuroscience* [online], **34**(46), pp. 15150-15158. [Accessed 15 January 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25392483>
- Bazeley, P. and Jackson, K. (2013) *Qualitative Data Analysis with Nvivo*. 2<sup>nd</sup> Ed. Los Angeles: California
- Beauchamp, T. L. and Childress, J. F. (2013) *Principles of biomedical ethics*. 7<sup>th</sup> ed. New York. New York: Oxford University Press.
- Becker, H. (1963). *Outsiders*. Chicago: Free Press
- Benson, J. E. and Elder, G. H. (2011) Young Adult Identities and Their Pathways: A Developmental and Life Course Model. *Developmental psychology*. **47**(6), pp. 1646-1657. [Accessed 14 March 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3792649/#>
- Berger, P. L. and Luckmann, T. (1966) *The Social Construction of Reality. A Treatise in the Sociology of Knowledge*. London: Penguin
- Berger, R. (2015) Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research* [online]. **15**(2), pp. 219–234. [Accessed 15 October 2018]. Available at: <https://doi.org/10.1177/1468794112468475>
- Bertini P. (2012) Focus Groups, Meaning Making and Data Quality. In: De Marco, M., Te'eni, D., Albano, V. and Za S. (eds.) *Information Systems: Crossroads for Organization, Management, Accounting and Engineering* [online]. Physica: Heidelberg, pp. 469-478. [Accessed 05 April 2015]. Available at: [https://www.researchgate.net/publication/286475879\\_Focus\\_Groups\\_Meaning\\_Making\\_and\\_Data\\_Quality](https://www.researchgate.net/publication/286475879_Focus_Groups_Meaning_Making_and_Data_Quality)
- Bigdeli, I., Corazza, O., Aslanpour, Z. and Schifano, F. (2013) Novel Psychoactive Substances (NPS): A study on Persian language web-sites. *Iranian Journal of Public Health* [online]. **42** (5), pp. 511-515. [Accessed on 3 March 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3684460/>
- Blackman, S. (2010) Youth subcultures, normalisation and drug prohibition: The politics of contemporary crisis and change? *British Politics* [online]. **5**(3), pp. 337–366. [Accessed 21 October 2018]. Available at: [file:///C:/Users/Jodie7xx/Downloads/Youth\\_Subcultures\\_Normalisation\\_and\\_Drug\\_Prohibiti.pdf](file:///C:/Users/Jodie7xx/Downloads/Youth_Subcultures_Normalisation_and_Drug_Prohibiti.pdf)
- Blackman, S. and Bradley, R. (2017) From niche to stigma – Headshops to prison; exploring the rise and fall of synthetic cannabinoid use amongst young adults. *International Journal of Drug Policy* [online]. **40**. pp.66–73. [Accessed 07 October 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/27894904>
- Blumer, H. (1969). *Symbolic Interactionism: Perspective and Method*. New Jersey: Prentice-Hall, New York

- Brain, K., Parker, H. and Carnwath, T. (2000) Drinking with design: Young drinkers as psychoactive consumers. *Drugs: Education, prevention and policy* [online]. **7**, pp. 5–20. [Accessed 07 July 2015]. Available at: <http://www.tandfonline.com/doi/abs/10.1080/dep.7.1.5.20>
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* [online]. **3**, pp. 77–101. [Accessed 06 September 2014]. Available at: [http://eprints.uwe.ac.uk/11735/2/thematic\\_analysis\\_revised...](http://eprints.uwe.ac.uk/11735/2/thematic_analysis_revised...)
- Bright, S. J., Bishop, B., Kane, R., Marsh, A. and Barratt, M. J. (2013) Kronic hysteria: exploring the intersection between Australian synthetic cannabis legislation, the media, and drug-related harm. *International Journal of Drug Policy* [online]. **24**(3), pp. 231–237. [Accessed 13 June 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/23333135>
- Brown, G., and Maycock, B. (2005) Different spaces, same faces: Perth gay men's experiences of sexuality, risk and HIV. *Culture, Health & Sexuality* [online]. **7**(1), pp. 59–72. [Accessed 01 January 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/16864188>
- Brown, A., and Toyoki, S. (2013) Identity Work and Legitimacy. *Organization Studies* [online]. **34**, pp. 875–896. [Accessed October 2018]. Available at: <https://journals.sagepub.com/doi/abs/10.1177/0170840612467158?journalCode=ossa>
- Brownstein, H.H. (1991) The media and the construction of random drug violence. *Social Justice* [online]. **18**(4), pp. 85–103. [Accessed 14 June 2014]. Available at: <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=136346>
- Brunt, T. M., Aktinson, A. M., Nefau, T., Martinez, M., Lahaie, E., Malzewski, A., Pazitny, M., Belackova, V. and Brandt, S. D. (2017) Online test purchased new psychoactive substances in 5 different European countries: A snapshot study of chemical composition and price. *International Journal of Drug Policy* [online]. **44**, pp. 105–114. [Accessed on 02 December 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/28472731>
- Bryman, A. (2001). *Social Research Methods*. Oxford: Oxford University Press
- Bryman, A. (2015). *Social Research Methods*. 5<sup>th</sup>ed. Oxford: Oxford University Press
- Burr, V. (2003). *Social Constructionism*. 2<sup>nd</sup> ed. London: Routledge
- Can I get High Legally?. (2009) BBC 3. 2<sup>nd</sup> July [Accessed 13 May 2015]. Available at: <http://www.bbc.co.uk/programmes/b00ljxk3>
- Carson, D., Gilmore, A., Perry, C., and Gronhaug, K. (2001). *Qualitative Marketing Research*. London: Sage
- Castaneto, M. S., Gorelick, D. A., Nathalie A. Desrosiers, N.A., Hartman, R.L., Pirard, S. and Huestis, M. A. (2014) Synthetic Cannabinoids: Epidemiology, Pharmacodynamics, and Clinical Implications. *Drug and Alcohol Dependence* [online]. **144**, pp. 12–14. [Accessed 21 December 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4253059/>
- Castellanos, D. and Gralnik, L. M. (2015) An update for pediatricians in clinical practice. *World Journal of Clinical Pediatrics* [online]. **5**(1), pp. 16–24. [Accessed 01 September 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26862498>

- Cinosi, E., Corazza, O., Santacroce R., Lupi, M., Acciavatti, T., Martinotti, G. and Giannantonio, M. D. (2014) New Drugs on the Internet: The Case of Amphetamine. *BioMed Research International* [online]. **2014**, pp. 1-8. [Accessed 11 December 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4124220/>
- Cohen, S. (1972) *Folk Devils and Moral Panics. The creation of the Mods and Rockers* [online]. London: Routledge. [Accessed 19 March 2015]. Available at: [https://infodocks.files.wordpress.com/2015/01/stanley\\_cohen\\_folk\\_devils\\_and\\_moral\\_panics.pdf](https://infodocks.files.wordpress.com/2015/01/stanley_cohen_folk_devils_and_moral_panics.pdf)
- Cohen, S. (2002) *Folk Devils and Moral Panics. The creation of the Mods and Rockers* 3<sup>rd</sup> ed. [online]. London: Routledge. [Accessed 05 August 2016]. Available at: [https://infodocks.files.wordpress.com/2015/01/stanley\\_cohen\\_folk\\_devils\\_and\\_moral\\_panics.pdf](https://infodocks.files.wordpress.com/2015/01/stanley_cohen_folk_devils_and_moral_panics.pdf)
- Coomber, R., McElrath, K., Measham, F. and Moore, K. (2013) *Key Concepts in Drugs and Society*. London: Sage
- Cooper, S. and Endacott, R. (2007) Generic qualitative research: a design for qualitative research in emergency care? *Emergency Medicine Journal* [online]. **24**(12), pp. 816-819. [Accessed 10 March 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2658349/>
- Corazza, O., Demetrovics, Z., van den Brink, W. and Schifano, F. (2013) Legal highs' an inappropriate term 'Novel Psychoactive Drugs' in drug prevention and scientific debate. *International Journal of Drug Policy* [online]. **24**(1), pp. 82-83. [Accessed 01 June 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22883544>
- Corazza O., Schifano F., Farre M., Deluca P., Davey Z., Torrens M., Demetrovics Z., Di Furia L., Flesland L., Siemann H., Skutle A., Van Der Kreeft P. and Scherbaum N. (2011). Designer drugs on the internet: a phenomenon out-of-control? The emergence of hallucinogenic drug Bromo- Dragonfly. *Current Clinical Pharmacology* [online], **6**, pp. 125–129. [Accessed 05 May 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/24770577>
- Corazza, O., Simonato, P., Corkery, J., Trincas, G. and Schifano, F. (2014) "Legal highs": safe and legal "heavens"? A study on the diffusion, knowledge and risk awareness of novel psychoactive drugs among students in the UK. *Rivista di Psichiatria* [online]. **49**(2), pp. 89-94. [Accessed 30 January 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/24770577>
- Corkill, D. (2006). *Advanced Research Techniques*: Portsmouth: University of Portsmouth
- Courts, J., Maskill, V., Gray, A. and Glue, P. (2016) Signs and symptoms associated with synthetic cannabinoid toxicity: systematic review. *Australas Psychiatry* [online]. **24**(6), pp. 598-601. [Accessed 15 December 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/27558216>
- Creswell, J.W. (2003) *Research design: Qualitative, quantitative and mixed method approaches*. 2<sup>nd</sup> ed. California: Sage
- Crossley, L. (2014) Student, 19, sliced off his own penis after stabbing his mother while high on meow meow and was found hanging out of a window with blood gushing from his groin. *MailOnline* [online]. 9 January. [Accessed 29 January 2015]. Available at: <http://www.dailymail.co.uk/news/article-2536312/Student-slices-penis-stabbing-mother-high-meow-meow.html>

Dahl, J. (2012). Bath salts, drug alleged “face-chewer” Rudy Eugene may have been on, plague police and doctors. *CBSnews* [online]. 30 May. [Accessed 07 January 2015]. Available at: <http://www.cbsnews.com>

Danesh, J., Gault, S., Semmence, J., Appleby, P. and Peto, R. (1999) Postcodes as useful markers of social class: population based study in 26 000 British households. *British Medical Journal* [online]. **318**(7187), pp. 843-845. [Accessed 10 August 2014]. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27800/>

Dargan, P. L., Albert, S. and Wood D, M. (2010) Mephedrone use and associated adverse effects in school and college/university students before the UK legislation change. *Quarterly Journal of Medicine* [online]. **103**(11), pp. 875-879. [Accessed 09 August 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/20675396>

Dargan, P.I., Hudson, S., Ramsey, J. and Wood, D. M. (2011) The impact of changes in UK classification of the synthetic cannabinoid receptor agonists in Spice. *International Journal of Drug Policy* [online]. **22**(4), pp. 274-277. [Accessed 10 August 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/21482092>

Dargan, P. and Wood, D. (2013) Novel Psychoactive Substances: Classification, *Pharmacology and Toxicology*. London: Academic Press

Davey, Z., Corazza, O., Schifano, F., and Deluca, P. (2010) Mass-information: Mephedrone, myths and the new generation of legal highs. *Drugs and Alcohol Today*, **10**, 24–28. [Accessed 06 August 2014]. Available at: <http://uhra.herts.ac.uk/handle/2299/9187>

Davey, Z., Schifano, F., Corazza, O. and Deluca, P. (2012). e-Psychonauts: conducting research in online drug forum communities. *Journal of Mental Health* [online]. **21**(4), pp. 386-94. [Accessed 02 December 2015]. Available at: <http://www.tandfonline.com/doi/abs/10.3109/09638237.2012.682265?journalCode=ijmh20>

Davies, G. and Curtis, J. (2017) Inside the Chinese labs where zombie drug Spice is being mass-produced by moonlighting chemists and shipped to the UK through the post for as little as £800 a kilo. *MailOnline* [online]. 16 April. [Accessed 29 September 2017]. Available at: <http://www.dailymail.co.uk/news/article-4415868/Zombie-drug-Spice-mass-produced-Chinese-labs.html>

Davies, S., Wood, D.M., Smith, G., Button, J., Ramsey, J., Archer, R., Holt, D. W. and Dargan, P. I. (2010) Purchasing ‘legal highs’ on the Internet—is there consistency in what you get? *QJM: An International Journal of Medicine* [online]. **103**(7), pp. 489–493. [Accessed 19 March 2014]. Available at: <https://doi.org/10.1093/qjmed/hcq056>

Deluca, P. and Schifano, F. (2007) Searching the Internet for Drug-Related Web Sites: Analysis of Online Available Information on Ecstasy (MDMA). *American Journal on Addictions* [online]. [Accessed 29 August 2017]. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.949.9134&rep=rep1&type=pdf>

Denscombe, M. (2007). *The Good Research Guide for small-scale social research projects* [online]. 3<sup>rd</sup> ed. Berkshire: Open University Press. [Accessed 05 January 2016]. Available at: <https://de.scribd.com/document/253320775/DENSCOMBE-M-The-Good-Research-Guide>

Denzin, N. and Lincoln, Y. (1994) *Handbook of Qualitative Research*. Thousand Oaks, CA, US: Sage.

Department for Education. (2004). Every Child Matters. London: Department for Education. [Accessed 15 August 2015]. Available at:  
[www.education.gov.uk/childrenandyoungpeople/safeguarding](http://www.education.gov.uk/childrenandyoungpeople/safeguarding)

Dick, D, Torrance, C. (2010) MixMag Drugs Survey. *Mix Mag*. **225**, pp. 44-53

Di Forti, M., Morgan, C., Dazzan, P., Pariante, C., Mondelli, V., Marques, T. R., Handley, R. and Luzzi, S., Russo, M. and Paparelli, A. (2009) High-potency cannabis and the risk of psychosis. *The British Journal of Psychiatry* [online]. **195**(6), pp. 488-491. [Accessed 01 March 2015]. Available at:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2801827/>

Douglas, M. (1966) *Purity and Danger: an Analysis of the Concepts of Pollution and Taboo*. London: Routledge

Douglas, M. (1992) *Risk and Danger: Essays in Cultural Theory*. London: Routledge

Doward, J. (2017) How spice, 'the zombie drug', is devastating communities. *The Guardian* [online]. 06 August. [Accessed 29 August 2017]. Available at:  
<https://www.theguardian.com/society/2017/aug/06/spice-zombie-drug-devastating-communities>

Degenhardt, L., Stockings, E., Patton, G., Hall, W. D. and Lynskey, M. (2016) The increasing global health priority of substance use in young people. *Lancet Psychiatry* [online]. **3**, 251-264. [Accessed on 15 January 2017]. Available at: [www.thelancet.com/psychiatry](http://www.thelancet.com/psychiatry)

Deluca, P., Schifano, F., Davey, Z., Corazza, O., Di Furia, L. and the Psychonaut Web Mapping Research Group (2009) Mephedrone Report. Institute of Psychiatry. London: Psychonaut WebMapping Research. [Accessed on 06 September 2014]. Available at:  
[www.psychonautproject.eu](http://www.psychonautproject.eu)

Drury, J. (2003). Adolescent Communication With Adults In Authority. *Journal of Language and Social Psychology*, **22**(1), 66–73. [Accessed on 06 November 2018]. Available at:  
<https://doi.org/10.1177/0261927X02250057>

Earle, W. J. (1992) *Introduction to Philosophy*. New York: McGraw-Hill Inc

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K. and Kyngäs, H (2014) Qualitative Content Analysis: A Focus on Trustworthiness. *Sage Open* [online]. pp. 1-10. [Accessed on 01 September 2015]. Available at:  
[http://www.miguelangelmartinez.net/IMG/pdf/2014\\_Elo\\_et\\_al\\_Qualit\\_Content\\_Analysis\\_Trust\\_SA\\_GE.pdf](http://www.miguelangelmartinez.net/IMG/pdf/2014_Elo_et_al_Qualit_Content_Analysis_Trust_SA_GE.pdf)

ESPAD Report (2015) *Results from the European School Survey Project on Alcohol and Other Drugs*. [Accessed 16 June 2016]. Available at:  
[http://www.espad.org/sites/espad.org/files/ESPAD\\_report\\_2015.pdf](http://www.espad.org/sites/espad.org/files/ESPAD_report_2015.pdf)

- Esteban, S., Gilens, M. (1996). Race and poverty in America: Public misperceptions and the American news media. *Public Opinion Quarterly*, **60**, 515–541. [Accessed 29 December 2014]. Available at: <https://oied.ncsu.edu/selc/wp-content/uploads/2013/03/Race-and-Poverty-in-America-Public-Misperceptions-and-the-American-News-Media.pdf>
- Etikan, I., Musa, S. M. and Alkassim, R. S. (2016) Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics* [online]. **5**(1), pp. 1-4. [Accessed 18 January 2017]. Available at: <http://article.sciencepublishinggroup.com/html/10.11648.j.ajtas.20160501.11.html>
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2010) *The state of the drugs problem in Europe*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction
- European Monitoring Centre for Drugs and Drug Addiction and Eurojust (2016), New psychoactive substances in Europe: Legislation and prosecution — current challenges and solutions, EMCDDA–Eurojust joint publication, Publications Office of the European Union, Luxembourg. [Accessed 21 February 2017]. Available at: [http://www.emcdda.europa.eu/system/files/publications/3353/TD0416736ENN.pdf\\_en](http://www.emcdda.europa.eu/system/files/publications/3353/TD0416736ENN.pdf_en)
- Farrugia, A. (2015). “You Can’t Just Give Your Best Mate a Massive Hug Every Day”: Young Men, Play and MDMA. *Contemporary Drug Problems*, **42**(3), 240–256 [Accessed 21 February 2017]. Available at: <https://doi.org/10.1177/0091450915601520>
- Farrimond, H. (2013) *Doing Ethical Research*. Hampshire: Palgrave Macmillian
- Farrington, D. (1996) *Understanding and Preventing Youth Crime*. York: Joseph Rowntree Foundation
- Fattore, L. and Fratta, W. (2011) Beyond THC: the new generation of cannabinoid designer drugs. *Frontiers in Behavioral Neuroscience* [online]. **5**, 1–12. [Accessed 05 August 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3187647/>
- Fleary, S. A., Heffer, R. W., Lisako, E. and McKyer, L. J. (2013) Understanding non-prescription and prescription drug misuse in late adolescence/young adulthood. *Journal of Addiction* [online]. **2013**, pp. 1-8. [Accessed 04 November 2014]. Available at: <https://www.hindawi.com/journals/jad/2013/709207/>
- Forsyth, A. J. (2012) Virtually a drug scare: mephedrone and the impact of the internet on drug news transmission. *International Journal of Drug Policy* [online]. **23**(3), pp. 198-209. [Accessed 28 December 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22342603>
- France, A. (2008) Risk factor analysis and the youth question, *Journal of Youth Studies* [online]. **11**(1), pp.1-15. [Accessed 16 October 2018]. Available at: <https://www.tandfonline.com/action/showCitFormats?doi=10.1080%2F13676260701690410>
- France, A. (2012) ‘It’s all in the brain’: science and the ‘new’ construction of the youth problem in New Zealand. *New Zealand Sociology* [online], **27**(2), pp. 76–95. [Accessed 16 October 2018]. Available at: <https://search.informit.com.au/documentSummary;dn=068851384813925;res=IELHSS>



Gentles, S. J., Charles, C., Ploeg, J. and McKibbin, K. (2015). Sampling in Qualitative Research: Insights from an Overview of the Methods Literature. *The Qualitative Report* [online]. **20**(11), pp. 1772-1789. [Accessed 15 August 2016]. Available at: <http://nsuworks.nova.edu/tqr/vol20/iss11/5>

Gibbons, S. (2012) Legal Highs – novel and emerging psychoactive drugs: a chemical overview for the toxicologist. *Clinical Toxicology* [online]. **50**, pp. 15-24. [Accessed 15 August 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22248120>

Gibbs, A. (1997) 'Focus Groups' Social Research Update. [online], **19**. [Accessed on 22 December 2015]. Available at: <http://sru.soc.surrey.ac.uk/SRU19.html>

Gilens, M. (1996). Race and Poverty in America: Public Misperceptions and the American News Media. *The Public Opinion Quarterly*, **60**(4), pp. 515-541. [Accessed 13 June 2014]. Available at: <http://www.jstor.org/stable/2749633>

Glaser, B. G. and Strauss, A. L. (1967) *A Discovery of Grounded Theory. Strategies for Qualitative Research*. London: Aldine Transaction

Global Drug Survey, (2012) Truth about young people and drugs revealed in Guardian survey. *The Guardian* [online]. 15 March. [Accessed 20 March 2015]. Available at: <https://www.theguardian.com/society/2012/mar/15/truth-about-young-people-and-drugs>

Goffman, E (1959) *The Presentation of Self in Everyday Life*. New Jersey: Prentice Hall

Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice Hall

Goffman, E. (1968) *Stigma: Notes on the management of spoiled identity*. Harmondsworth: Penguin

Goggin, L. S., Gately, and Bridle, R. I. (2015) Novel psychoactive substance and other drug use by young adults in Western Australia. *Journal of Psychoactive Drugs* [online]. **47**(2), pp. 140-8. [Accessed 02 December 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25950594>

Goode, E. and Yehuda, B. N. (1994) Moral Panics: Culture, Politics, and Social Construction. *Annual Review of Sociology* [online]. **42**(1), pp. 149-171. [Accessed 15 September 2015]. Available at: <http://www.annualreviews.org/doi/abs/10.1146/annurev.so.20.080194.001053>

Grant, M. J. and Booth, A. (2013) A Typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal* [online]. **26**, pp. 91-108. . [Accessed on 3 July 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/19490148>

Gray, D. E. (2002) Everybody just freezes. Everybody is just embarrassed': felt and enacted stigma among parents of children with high functioning autism. *Sociology of Reality and Illness* [online]. **24**(6), pp. 734-749. [Accessed on 3 October 2018]. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.00316>

Gray, D. (2014) *Doing Research in the Real World*. 3rd ed. London: Sage Publications Ltd.

Great Britain Parliament (2016) Psychoactive Substances Act 2016. [Act of Parliament] London: TSO

Green, S., Davis, C., Karshmer, E., Marsh, P. and Straight, B. (2005), Living Stigma: The Impact of Labeling, Stereotyping, Separation, Status Loss, and Discrimination in the Lives of Individuals with Disabilities and Their Families. *Sociological Inquiry* [online]. **75**, pp. 197-215. [Accessed on 3 July 2017]. Available at:

<http://www.su.rmit.edu.au/assets/Downloads/Journal-Article-Living-Stigma.pdf>

Green, E., Mitchell, W., and Bunton, R. (2000) Contextualising risk and danger: an analysis of young people's perceptions of risk. *Journal of Youth Studies*, **3**(2), pp. 109-126. [Accessed 3 June 2015]. Available at: [https://pure.york.ac.uk/portal/en/publications/contextualising-risk-and-danger-an-analysis-of-young-peoples-perceptions-of-risk\(5b81843e-b648-4971-ae12-84262d80d847\)/export.html](https://pure.york.ac.uk/portal/en/publications/contextualising-risk-and-danger-an-analysis-of-young-peoples-perceptions-of-risk(5b81843e-b648-4971-ae12-84262d80d847)/export.html)

Griffiths, P., Sedefov, R., Gallegos, A. and Lopez, D. (2010) How globalization and market innovation challenge how we think about and respond to drug use: 'Spice' a case study. *Addiction*, **105**: 951–953. [Accessed on 3 March 2017]. Available at:

<http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02874.x/full>

Guetterman, T. C. (2015) Descriptions of Sampling Practices Within Five Approaches to Qualitative Research in Education and the Health Sciences. *Forum: Qualitative social research* [online]. **16**(2), Art. 25. [Accessed on 10 April 2016]. Available at: <http://www.qualitative-research.net/index.php/fqs/article/view/2290>

Hagger, L. (2009) *The Child As Vulnerable Patient: Protection and Empowerment*. London: Routledge

Halsey, K. and White, R. (2008) Young People, Crime and Public Perceptions: a Review of the Literature. *LGA Research Report F/SR264*. Slough: NFER. [Accessed 04 December 2014]. Available at: <https://www.nfer.ac.uk/publications/LYC01/LYC01.pdf>

Hammersley, (2010) Dangers of banning spice and the synthetic cannabinoid agonists. *Addition* [online]. **105**(2), 373. [Accessed 19 March 2014]. Available at: <http://onlinelibrary.wiley.com>

Hampson, S. E., Severson, H., Burns, W. J., Slovic, J.K. and Fisher, J. (2001) Risk perception, personality factors and alcohol use among adolescents. *Personality and Individual Differences* [online]. **30**(1), pp. 167-181. [Accessed 03 October 2014]. Available at: <https://www.sciencedirect.com/science/article/pii/S0191886900000258>

Harris, R. (2013). Evaluating Internet research sources[online]. 27 December. [Accessed 07 November 2018]. Available at: <http://www.virtualsalt.com/evalu8it.htm>

Hillebrand, J., Olszewski, D. and Sedefov, R. (2010) Legal Highs on the Internet. *Substance Use & Misuse* [online]. **45**(3), pp. 330-340. [Accessed 07 January 2015]. Available at: <http://www.tandfonline.com/action/showCitFormats?doi=10.3109%2F10826080903443628>

Hoffman, M. (1991) Restructuring, Reconstruction, Reinscription, Rearticulation: Four Voices in Critical International Theory. *Journal of International Studies* [online]. **20**(2): 169-85. [Accessed 21 December 2016]. Available at: <http://journals.sagepub.com/doi/abs/10.1177/03058298910200021001>



Home Office (2012). *Drug misuse declared: Findings from the 2011/12 Crime Survey for England and Wales* (2nd ed.). [Accessed 07 January 2016]. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147938/drugs-misuse-dec-1112-pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147938/drugs-misuse-dec-1112-pdf.pdf).

Home Office (2015) *Annual Report on the Home Office. Forensic Early Warning System (FEWS). A system to identify New Psychoactive Substances (NPS) in the UK*. [Accessed 22 February 2016]. Available at: <https://www.gov.uk/government/publications/forensic-early-warning-system-fews-annual-report>

Howell, S. (2015) We have to start showing who is boss now': Constructing methamphetamine use and users in the South African print media. *Crime, Media, Culture: An International Journal* [online]. **11**(2), pp. 137-156. [Accessed 29 September 2017]. Available at: <http://journals.sagepub.com/doi/abs/10.1177/1741659015588402>

Howes, S. (2017) Prisoners high on 'zombie' drug Spice attempt to dump inmate in BIN after he flies into drug-fuelled rage (Howes 2017). *The Mirror* [online]. 17 April. [Accessed 22 June 2017]. Available at: <http://www.mirror.co.uk/news/uk-news/prisoners-high-zombie-drug-spice-10241868>

Hu, X., Primack, B. A., Barnett, T.E., Cook, R. L. (2011) College students and use of K2: An emerging drug of abuse in young persons. *Substance Abuse Treatment, Prevention & Policy*. 2011;6(1):16–19. [Accessed 09 April 2015]. Available at: <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-6-16>

Hudson, L., and Ozanne, J. (1988). Alternative Ways of Seeking Knowledge in Consumer Research. *Journal of Consumer Research*, **14**(4), 508–521. [Accessed 19 December 2016]. Available at: <https://academic.oup.com/jcr/article-abstract/14/4/508/1811971>

Järvinen, M. and Demant, J. (2011) The normalisation of cannabis use among young people: Symbolic boundary work in focus groups. *Health, Risk & Society* [online]. **13**(2), pp. 165-182. [Accessed 22 December 2015]. Available at: <http://www.tandfonline.com/doi/abs/10.1080/13698575.2011.556184>

Johnson L. A., Johnson, R. L. and Alfonzo, C. (2011) Spice: a legal marijuana equivalent. *Military Medicine* [online]. **176**(6), pp. 718-720. [Accessed 22 October 2017]. Available at: <http://psycnet.apa.org/doi/10.7205/MILMED-D-10-00356>

Johnson, S.B., Sudhinaraset, M. and Blum, R.W. (2010) Neuromaturation and adolescent risk taking: why development is not determined. *Journal of Adolescent Research* [online] **25**(1), pp. 4-23. [Accessed 30 October 2018]. Available at: <https://jhu.pure.elsevier.com/en/publications/neuromaturation-and-adolescent-risk-taking-why-development-is-not-3>

Jones, S. and Qureshi, S. (2017) 4 Things Reporters Get Terribly Wrong About "New" Drugs. *The Drug Policy Alliance* [online]. 15 February. [Accessed 30 June 2017]. Available at: <http://www.drugpolicy.org/blog/4-things-reporters-get-terribly-wrong-about-new-drugs>

Joseph, A. M., Manseau, M. W., Lalane, M., Rajparia, A. and Lewis, C. F. (2017) Characteristics associated with synthetic cannabinoid use among patients treated in a public psychiatric

emergency setting. *The American Journal of Drug and Alcohol Abuse* [online]. **43**(1). [Accessed on 30 December 2016]. Available at:

<http://www.tandfonline.com/action/showCitFormats?doi=10.1080%2F00952990.2016.1240799>

Kahlke, R. M. (2014) Generic Qualitative Approaches: Pitfalls and Benefits of Methodological Mixology. *International Journal of Qualitative Methods* [online]. **13**(1), 37-52. [Accessed 09 May 2016]. Available at: <http://journals.sagepub.com/doi/abs/10.1177/160940691401300119>

Karakos, H. (2014) Positive Peer Support or Negative Peer Influence? The Role of Peers among Adolescents in Recovery High Schools. *Peabody Journal of Education* [online]. **89**(2), pp. 214-228. [Accessed 02 January 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/24839335>

Kelley, K., Clark, B., Brown, V. and Sitzia, J. (2003) Good practice in the conduct and reporting of survey research. *International Journal for Quality in Health Care* [online]. **15** (3), pp. 261–266. [Accessed 15 September 2015]. Available at: <https://doi.org/10.1093/intqhc/mzg031>

Khaled, S.M., Hughes, E., Bressington, D., Zolezzi, M., Radwan, A., Badnapurkar, A. and Gray, R. (2016) The prevalence of novel psychoactive substances (NPS) use in non-clinical populations: a systematic review protocol. *Systematic Reviews* [online]. **5**, pp. 195. [Accessed 30 December 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5117541/>

Kitzinger, J. (1994) The methodology of Focus Groups: the importance of interaction between research participants. *Sociology of Health & Illness* [online]. **16**, pp. 103–121. [Accessed 3 March 2015]. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.ep11347023/abstract>

Knaak, S., Mantler, E. and Szeto, A. (2017) Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum* [online]. **30**(2), pp. 111-116. [Accessed 3 March 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5347358/>

Knoll, L.J., Leung, J.T., Foulkes, L. and Blakemore, S-J. (2017) Age-related differences in social influence on risk perception depend on the direction of influence. *Journal of Adolescence* [online]. **60**, pp. 53-63. [Accessed on 30 December 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5614112/>

Korrapati, R. (2016) *Five Chapter Model for Research Thesis Writing: 108 Practical Lessons for MS/MBA/M.Tech/M.Phil/LLM/Ph.D Students*. New Dehli: Diamond Pocket Books Pvt Ltd

Krueger, R. A. (2002) *Designing and Conducting Focus Group Interviews* - EIU [online]. [Accessed on 23 December 2015]. Available at: [www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf](http://www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf)

Krueger, R. A. and Casey, M.A. (2015) *Focus Group A Practical Guide for Applied Research*. 5<sup>th</sup>ed. Minnesota: Sage Publications, Inc

Lambert, C., Jomeen, J. and McSherry, W. (2010) Reflexivity: a review of the literature in the context of midwifery research. *British Journal of Midwifery* [online]. **18**(5), pp. 361-365. [Accessed on 3 January 2016]. Available at: [https://www.researchgate.net/publication/272164306\\_Reflexivity\\_A\\_review\\_of\\_the\\_literature\\_in\\_the\\_context\\_of\\_midwifery\\_research](https://www.researchgate.net/publication/272164306_Reflexivity_A_review_of_the_literature_in_the_context_of_midwifery_research)

Lauritsen, K. J. and Rosenberg, H. (2016) Comparison of outcome expectancies for synthetic cannabinoids and botanical marijuana. *American Journal of Drug & Alcohol Abuse* [online]. **42**(4), pp. 377-384. [Accessed on 3 March 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26910181>

Lee, R. M (2010) The Secret Life of Focus Groups: Robert Merton and the Diffusion of a Research Method. *The American Sociologist* [online]. **41**(2), pp. 115-141. [Accessed 15 November 2018]. Available at: <http://holyspiritlibrary.pbworks.com/f/Focus+Groups+and+Research+Methods.pdf>

Lenhart, A., Purcell, K., Smith, A., and Zichuhr, K. (2010) Social media & mobile internet use among teens and young adults. *PEW Internet and American Life Project* [online]. [Accessed 04 November 2014]. Available at: <http://pewinternet.org/Reports/2010/Social-Media-and-Young-Adults.aspx>  
Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic Inquiry*. London: Sage Publications

Livingston, J.D., Milne, T., Fang, M. L. and Amari, E. (2012) The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction* [online]. **107**(1), pp. 39-50. [Accessed 5 July 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272222/>

Lubarsky, K., Odom, A., Bernstein, S. and Kotbi, N. (2014). Understanding the dangers of synthetic cannabinoids. *Journal of Addiction Medicine*. **8**(4), pp. 288-289

Lusher, A. (2017). 'Zombie Spice addicts plague' caused by everything we warned you about, claim legal highs ban critics. *The Independent* [online]. 11 April. [Accessed 03 August 2017]. Available at: <http://www.independent.co.uk/news/uk/home-news/spice-legal-highs-zombie-plague-walking-zombies-manchester-legal-highs-ban-psychoactive-substances-a7678931.html>

Maclean, S. (2005) "It might be a scummy-arsed drug but it's a sick buzz": chroming and pleasure. *Contemporary Drug Problems* [online]. **32**, pp. 295- 318. [Accessed 03 March 2014]. Available at: <http://journals.sagepub.com/>

MacKenzie, K., Hunt, G. and Joe-Laidler, K. (2005) Youth gangs and drugs: the case of marijuana. *Journal of Ethnicity in Substance Abuse* [online]. **4**(3-4), pp. 99-134. [Accessed on 21 December 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/16537330>

Manna, G., Casiglia, A. and Farad, P. (2010) Substances use and perception among adolescents in Italy: Findings from an exploratory study. *Applied Psychology Bulletin (Bollettino di Psicologia Applicata)* [online]. 261/262, pp. 29-36. [Accessed 20 April 2016]. Available at: <https://pure.unipa.it/publications/substances-use-and-perception-among-adolescents-in-italy-findings-3>

Mars S, Bourgois P, Karandinos G, Montero F, Ciccarone D. (2014) Every 'Never' I ever said came true: pathways from pills to heroin injecting. *International Journal of Drug Policy* [online]. **25**(2), pp. 257–266. [Accessed 04 November 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/24238956>

Marsh, I. and Melville, G. (2009) *Crime, Justice and the Media*. London: Routledge.

Mauthner, N. and Doucet, A. (2003) *Reflexive Accounts and Accounts of Reflexivity in Qualitative Data Analysis*. *Sociology* [online]. **37**(3), pp. 413-431. [Accessed 09 December 2015]. Available at: [https://www.researchgate.net/publication/228686461\\_Reflexive\\_Accounts\\_and\\_Accounts\\_of\\_Reflexivity\\_in\\_Qualitative\\_Data\\_Analysis](https://www.researchgate.net/publication/228686461_Reflexive_Accounts_and_Accounts_of_Reflexivity_in_Qualitative_Data_Analysis)

Mazumdar, T. (2014) Rise in deaths from 'legal highs' in the UK. *BBC News* [online]. 2 February. [Accessed 16 December 2015]. Available at: <http://www.bbc.com/news/health-26089126>

McCabe, E. E., Hughes, T.L., Bostwick, W., West, B. D. and Boyd, C. J. (2009) Sexual orientation, substance use behaviors and substance dependence in the United States. *Addiction* [online]. **104**(8), pp. 1333-1345. [Accessed 28 December 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/19438839>

McElrath, K. and O'Neill, C. (2011) Experiences with mephedrone pre- and post-legislative controls: Perceptions of safety and sources of supply. *International Journal of Drug Policy Journal* [online]. **22**(2), pp. 120-127. [Accessed 05 September 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/21242082>

McLeod, S. A. (2017) *Qualitative vs. Quantitative*. [Accessed August 2017]. Available at: [www.simplypsychology.org/qualitative-quantitative.html](http://www.simplypsychology.org/qualitative-quantitative.html)

Mead, G. (1964) Mind, Self and Society. In A. Strauss (eds.), *George Herbert Mead: On Social Psychology* (pp. 115-284). Chicago: University of Chicago Press.

Measham, F (2008) "The turning tides of intoxication: young people's drinking in Britain in the 2000s". *Health Education* [online]. **108**(3), pp.207-222. [Accessed September 2018]. Available at: <https://www.emeraldinsight.com/doi/abs/10.1108/09654280810867088?fullSc=1&journalCode=he>

Measham, F., Newcombe, R. and Parker, H. (1994) The normalization of recreational drug use amongst young people in north-west England. *British Journal of Sociology* [online]. **45**(2), pp. 287-312. [Accessed 10 October 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/8055218>

Measham, F., Moore K., Newcombe, R. and Welch, Z. (2010) Tweaking, bombing, dabbing and stockpiling: the emergence of mephedrone and the perversity of prohibition. *Drugs Alcohol Today* [online]. **10**, pp. 14-21. [Accessed 04 August 2014]. Available at: <https://www.canadianharmreduction.com/sites/default/files/MeashamDAAT2010.pdf>

Measham, F., Moore, K. and Østergaard, J. (2011) "Mephedrone, "Bubble" and unidentified white powders: the contested identities of synthetic "legal highs"". *Drugs and Alcohol Today* [online], **11**(3), pp.137-146. [Accessed 20 June 2014]. Available at: <http://www.emeraldinsight.com>

Measham, F., Parker, H. and Aldridge, J. (1998), 'The Teenage Transition: From Adolescent Recreational Drug Use to The Young Adult Dance Culture in Britain in the mid-1990s', in Power, R. (ed.), *Journal of Drug Issues, Special Edition, Contemporary Issues Concerning Illicit Drug Use in the British Isles*, **28**(1), pp. 9–32. [Accessed 09 July 2015]. Available at: <http://www.brown.uk.com/brownlibrary/parker.pdf>

Measham, F., Wood, D.M., Dargan, P.L. and Moore, K. (2011) The rise in legal highs: prevalence and patterns in the use of illegal drugs and first- and second-generation "legal highs" in South London gay dance clubs. *Journal of Substance Use* [online]. **16**(4). [Accessed 3 March 2017]. Available at: <http://www.tandfonline.com/doi/abs/10.3109/14659891.2011.594704?src=recsys&journalCode=ijsu20>

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass

Mdege, N. D., Meader, N., Lloyd, C., Parrott, S. and McCambridge, J. (2017) The Novel Psychoactive Substances in the UK Project: empirical and conceptual review work to produce research recommendations. *Public Health Research* [online]. **5**(4), pp. 1-7. [Accessed 4 March 2015]. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK436939/toc/?report=reader>

Miller, J. (2008) *Getting played: African American girls, urban inequality, and gendered violence*. New York: New York University Press

Miller, B. L., Stogner, J. M., Agnich, L. E., Sanders, A., Bacot, J. and Felix, S. (2015) Marketing a Panic: Media coverage of novel psychoactive drugs (NPDs) and its relationship with legal changes. *American Journal of Criminal Justice* [online]. **40**, pp 523-541. [Accessed 05 January 2017]. Available at: <https://nationalkratomcoalition.org/wp-content/uploads/2017/06/Marketing-a-Panic-Media-Coverage-of-Novel-Psychoactive-Drugs-NPDs-and-its-Relationship-with-Legal-Changes.pdf>

Mixmag (2014) Global Drug Survey 2014 [online]. [Accessed 2 November 2015]. Available at: <https://www.globaldrugsurvey.com/the-global-drug-survey-2014-findings/>

Montagne, M. (2008) Sites of Substance: Internet "Drug" Resources. *Drugs on the Internet. I: Introduction and Web Sites on Psychedelic Drugs. Substance Use & Misuse* [online]. **43**, pp. 17-25. [Accessed on 22 December 2015]. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.691.698&rep=rep1&type=pdf>

Morgan, D. L. (1997) Focus Groups as Qualitative Research PLANNING AND RESEARCH DESIGN FOR FOCUS GROUPS. *SAGE Research Methods* [online]. pp. 32-46. [Accessed 15 September 2015]. Available at: <https://pdfs.semanticscholar.org/6895/650998233a7bb52efcdad39b0e42d2102f3c.pdf>

Morris, B. (2016) Understanding the prevalence of 'legal high' misuse in early adulthood. *Psychiatria Danubina* [online]. **28**(1), pp 49-58. [Accessed 07 December 2016]. Available at: [http://www.hdbp.org/psychiatria\\_danubina/pdf/dnb\\_vol28\\_sup1/dnb\\_vol28\\_sup1\\_49.pdf](http://www.hdbp.org/psychiatria_danubina/pdf/dnb_vol28_sup1/dnb_vol28_sup1_49.pdf)

Munro, E. (2007) Confidentiality in a preventive child welfare system. *Ethics and social welfare* [online]. **1** (1). pp. 41-55. [Accessed 21 June 2014]. Available at: [http://eprints.lse.ac.uk/4403/1/Confidentiality\\_in\\_a\\_preventative\\_child\\_welfare\\_system\(LSERO\).pdf](http://eprints.lse.ac.uk/4403/1/Confidentiality_in_a_preventative_child_welfare_system(LSERO).pdf)

Musshoff, F., Hottmann, L., Hess, C. and Madea, B. (2013) "Legal highs" from the German internet--"bath salt drugs" on the rise. *Archiv für Kriminologie* [online]. **232**(3-4), pp. 91-103. [Accessed 30 April 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/24358620>



National Institute on Drug Abuse. (2016) Marijuana: Facts Parents Need to Know. [Accessed 30 January 2017]. Available at:

<https://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know>

Neale, J., Nettleton, S. and Pickering, L. (2011) Recovery from problem drug use: What can we learn from the sociologist Erving Goffman?. *Drugs: Education, Prevention and Policy* [online]. 18(1), pp. 3-9. [Accessed 19 December 2014]. Available at:

<http://www.tandfonline.com/action/showCitFormats?doi=10.3109%2F09687631003705546>

Netemeyer, R., Burton, S., Delaney, B. and Hijawi, G. (2015) The legal high: factors affecting young consumers' risk perceptions and abuse of prescription drugs. *Journal of Public Policy & Marketing* [online]. 34(1), pp. 103-118. [Accessed 30 April 2016]. Available at:

<http://www.air.org/sites/default/files/downloads/report/Legal-High-Young-Consumers-Abuse-Prescription-Drugs-2015.pdf>

Newcombe, R. (1999) *Psychonautics: A model and method for exploring the subjective effects of psychoactive drugs*. Liverpool: Newcombe

Nimmemann, A. L., Lechner, W. V., Borges, A. and Lejuez, C. W. (2016) Synthetic cannabinoids to avoid urine drug screens: Implications for contingency management and other treatments for drug dependence. *Addictive Behaviour* [online]. 63, pp. 72-73. [Accessed 30 January 2017]. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5507593/>

Noble, H. and Smith, J. (2015). Issues of validity and reliability in qualitative research. *British Medical Journal*. [online]. 18(2), pp. 34-35. [Accessed 02 December 2015]. Available at:

<http://ebn.bmj.com/content/18/2/34.info>

Norman, J., Grace, S. and Lloyd, C. (2014) Legal high groups on the internet – The creation of new organized deviant groups? *Drugs: Education, Prevention and Policy* [online]. 21(1), pp. 14-23. [Accessed 19 March 2015]. Available at: <http://www.tandfonline.com>

NSPCC (2016) *A child's legal rights. Gillick competency and Fraser guidelines*[online]. [Accessed 01 August 2016]. Available at:<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L. and Zoran, A. G. (2009) A Qualitative Framework for Collecting and Analysing Data in Focus Group Research. *International Journal of Qualitative Methods* [online]. 8(3), pp. 1-21. [Accessed 12 August 2015]. Available at: [https://webcache.googleusercontent.com/search?q=cache:tbje\\_P3uQOcJ:https://journals.library.ualberta.ca/ijqm/index.php/IJQM/article/download/4554/5593+&cd=6&hl=de&ct=clnk&gl=ch](https://webcache.googleusercontent.com/search?q=cache:tbje_P3uQOcJ:https://journals.library.ualberta.ca/ijqm/index.php/IJQM/article/download/4554/5593+&cd=6&hl=de&ct=clnk&gl=ch)

Palamar, J.J. and Barratt, M. J. (2016) Synthetic Cannabinoids: Undesirable Alternatives to Natural Marijuana. *The American journal of drug and alcohol abuse* [online]. 42(4), pp. 371-373. [Accessed 29 June 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4971759/>

Palamar, J. J., Halkitis, P.N. and Kiang, M. V. (2013) Perceived public stigma and stigmatization in explaining lifetime illicit drug use among emerging adults. *Addiction Research and Theory* [online]. 21(6), pp. 1-10. [Accessed 24 August 2015]. Available at: <http://www.tandfonline.com>

Palamar, J. J., Kiang P. M. and Halkitis, P. N. (2012) Predictors of Stigmatization Towards Use of Various Illicit Drugs Among Emerging Adults. *Journal of Psychoactive Drugs* [online]. **44**(3), pp. 243-51. [Accessed 02 February 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/23061324>

Palamar, J. J., Martins, S. S., Su, M.K. and Ompad, D. C. (2015) Self-reported use of novel psychoactive substances in a US nationally representative survey: Prevalence, correlates, and a call for new survey methods to prevent underreporting. [Accessed 3 March 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26377051>

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N. and Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health* [online]. **42**(5), pp. 533–544. [Accessed 01 March 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012002/>

Palomba, C.A., & Banta, T.W. (1999) *Assessment Essentials: Planning, Implementing, and Improving Assessment in Higher Education* [online]. San Francisco: Jossey-Bass. [Accessed 01 November 2018]. Available at: [https://www.researchgate.net/publication/311467142\\_Students'\\_Perceptions\\_of\\_Language\\_Testing\\_and\\_Assessment\\_in\\_Higher\\_Education](https://www.researchgate.net/publication/311467142_Students'_Perceptions_of_Language_Testing_and_Assessment_in_Higher_Education)

Parker, H., Aldridge, J. and Measham, F. (1998) *Illegal Leisure: The Normalisation of Adolescent Drug Use*. London: Routledge

Parker, H., Williams, L. and Aldridge, J. (2002) The Normalization of 'Sensible' Recreational Drug Use: Further Evidence from the North West England Longitudinal Study. *Sociology* [online]. **36**(4), pp. 941-964. [Accessed 04 July 2014]. Available at: <http://journals.sagepub.com/doi/abs/10.1177/003803850203600408>

Patil, V., Tewari, A. and Rao, R. (2016) New psychoactive substances: Issues and challenges. *Journal of Mental Health and Human Behaviour* [online]. **21**, pp. 98-104. [Accessed 20 April 2016]. Available at: <http://www.jmhnb.org/>

Perrone, D., Helgesen, R. & Fischer, R. (2013), United States drug prohibition and legal highs: How drug testing may lead cannabis users to Spice. *Drugs - Education Prevention and Policy*, **20**, pp. 216-224. [Accessed 1 March 2015]. Available at: <http://www.tandfonline.com>

Polit, D. F. and Beck, C. T (2017) *Nursing research: generating and assessing evidence for nursing practice*. 10<sup>th</sup> ed. Philadelphia: Wolters Kluwer Health

Pound, P., and Campbell, R. (2015) Locating and applying sociological theories of risk-taking to develop public health interventions for adolescents. *Health sociology review: the journal of the Health Section of the Australian Sociological Association* [online]. **24**(1), pp. 64-80. [Accessed 3 October 2018]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409085/>

Power, M. (2013) *Drugs 2.0: The Web Revolution That's Changing How the World Gets High*. London: Portobello

Plumridge, E. and Chetwynd, J. (1999). Identity and the social construction of risk: injecting drug use. *Sociology of Health & Illness* [online]. **21**(3), pp. 329–343. [Accessed 05 March 2016]. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.00159/pdf>

NVivo qualitative data analysis Software (2012); QSR International Pty Ltd. Version 10

Radhakrishnan, R., Wilkinson, S. T. and D'Souza, D. C. (2014) Gone to Pot – A review of the Association between cannabis and psychosis. *Front Psychiatry* [online]. **22**(5), pp. 54. [Accessed 04 March 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/24904437>

Ralphs, R., Williams, L., Askew, R. and Norton, A. (2017) Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison. *International Journal of Drug Policy* [online]. **40**, pp. 57-69. [Accessed 3 March 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/27955961>

Reniers, R. L., Murphy, L., Lin, A., Bartolomé, S. P. and Wood, S. J. (2016) Risk Perception and Risk-Taking Behaviour during Adolescence: The Influence of Personality and Gender. *PLoS One* [online]. **11**(4). [Accessed 1 March 2017]. Available at: <https://doi.org/10.1371/journal.pone.0153842>

Reinarman, C. (1997). The social construction of drug scares. In: Adler, P.A. and Adler, P. (eds). *Constructions of Deviance*. Belmont, CA: Wadsworth

Rhodes, T. (1997) Risk theory in epidemic times: sex, drugs and the social organization of risk behaviour. *Sociology of Health and Illness* [online]. **19**(2), pp. 208–27. [Accessed 19 March 2015]. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.ep10934410/pdf>

Rhodes, T., Watts, L., Davies, S., Martin, A., Smith, J., Clark, D., et al. (2007). Risk, shame and the public injector: a qualitative study of drug injecting in South Wales. *Social Science & Medicine*, **65**(3), pp. 572–585. [Accessed 19 August 2018]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/17475383>

Richardson, J. B., Vil, C. S., Wish, E. and Cooper, C. (2016) On papers”: perceptions of synthetic cannabinoid use among black males under criminal justice supervision. *Health Justice* [online]. **4**(1), pp. 1-10. [Accessed 04 January 2017]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5151728/>

Ritche, J., Lewis, J., Mcnaughton Nicholls, C. and Ormston, R. (2013) *Qualitative Research Practice A guide for social science students and researchers* [online]. London: Sage. [Accessed 04 September 2016]. Available at: <http://jbposgrado.org/icuali/Qualitative%20Research%20practice.pdf>

Rolles, S., Murkin, G., Powell, M., Kushlick, D. and Slater, J. (2012) The alternative world drug report. Counting the costs of the war on drugs. Executive summary. [Accessed 05 January 2017]. Available at: <http://www.unodc.org/documents/ungass2016//Contributions/Civil/Count-the-Costs-Initiative/AWDR-exec-summary.pdf>

Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review* [online]. **24**, pp.143-155. [Accessed 20 December 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/16076584>



Rosenbaum, C. D., Carreiro, S. P. and Babu, K. M. (2012) Here Today, Gone Tomorrow...and Back Again? A Review of Herbal Marijuana Alternatives (K2, Spice), Synthetic Cathinones (Bath Salts), Kratom, Salvia divinorum, Methoxetamine, and Piperazines. *Journal of Medical Toxicology*. **8**(1), pp. 15-32. [Accessed 03 September 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3550220/>

Russell, S. T., Driscoll, A. K. and Truong, N. (2002) Adolescent same-sex romantic attractions and relationships: implications for substance use and abuse. *American Journal of Public Health* [online]. **92**, pp. 198-202. [Accessed on 19 September 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/11818291>

Ryan, A. B. (2006) *Post-Positivist Approaches to Research*. In: Researching and Writing your thesis: a guide for postgraduate students. MACE: Maynooth Adult and Community Education, pp. 12-26. [Accessed 03 September 2014]. Available at: <http://eprints.maynoothuniversity.ie/874/>

Salani, D.A. and Zdanowicz, M. M. (2015) Synthetic cannabinoids: the dangers of spicing it up. *Journal of Psychosocial Nursing and Mental Health Services* [online]. **53**(5), pp. 36-43. [Accessed 15 January 2016]. Available at: <http://europepmc.org/abstract/med/25974923>

Sandu, A. (2016) *Social Construction of Reality as Communication Action*. London: Cambridge Scholars Publishing

Sanders, B. (2012) Gang youth, substance use, and drug normalization. *Journal of youth studies* [online]. **15**(8), pp. 978-994. [Accessed 28 December 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4160842/>

Sanders, J. M. (2011) Coming of Age: How Adolescent Boys Construct Masculinities via Substance Use, Juvenile Delinquency, and Recreation. *Journal of Ethnicity in Substance Abuse* [online]. **10**(1), pp. 48-70. [Accessed 28 December 2014]. Available at: <https://www.tandfonline.com/doi/abs/10.1080/15332640.2011.547798>

Shapiro, H. (2016). *NPS Come of Age: A UK Overview*. London: Drugwise. [Accessed 25 January 2017]. Available at: <http://www.drugwise.org.uk/wp-content/uploads/NPSComeofAge.pdf>

Sharland, E. (2006). Young People, Risk Taking and Risk Making: Some Thoughts for Social Work.Forum. *Qualitative Social Research* [online]. **7**(1), Art. 2. [Accessed 3 March 2014]. Available at: <http://www.qualitative-research.net/index.php/fqs/article/view/56/116>

Sheridan, J. and Butler, R. (2010) 'They're legal so they're safe, right?' What did the legal status of BZP-party pills mean to young people in New Zealand? *International Journal of Drug Policy* [online]. **21**(1), pp. 77-81. [Accessed 15 March 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/19321329>

Soussan, C. and Kjellgren, A. (2016) The users of Novel Psychoactive Substances: Online survey about their characteristics, attitudes and motivations. *The International Journal of Drug Policy* [online]. **32**, pp. 77-84. [Accessed 04 December 2016]. Available at: <https://www.sciencedirect.com/science/article/pii/S0955395916300767>

Simmonds, L. and Coomber, R. (2009) Injecting drug users: A stigmatised and stigmatising population. *International Journal of Drug Policy* [online]. **20**(2), pp.121-130. [Accessed 04 December 2014]. Available at: <http://www.sciencedirect.com/science/article/pii/S0955395907002071>

- Sommers, J. (2015). How Dangerous Synthetic Cannabis Became Britain's Most Popular New Legal High. *Huffington Post*. 25 May. [Accessed 16 June 2017]. Available at: [https://www.huffingtonpost.co.uk/2015/05/21/synthetic-cannabis-more-potent-increasing\\_n\\_5404453.html](https://www.huffingtonpost.co.uk/2015/05/21/synthetic-cannabis-more-potent-increasing_n_5404453.html)
- Spaderna, M., Addy, P. H. and D'Souza, C. D. (2013). Spicing things up: Synthetic Cannabinoids, *Psychopharmacology*, **228**(4), 525-540. [Accessed 04 November 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/23836028>
- Stewart, D. W. and Shamdasani, P. N. (2014) Focus Group Theory and Practice. 3<sup>rd</sup> ed. London: Sage Publications
- Sullum, J. (2016) The Legend of the Miami Cannibal Provides Lessons in Shoddy Drug Journalism. *Reason* [online]. 6 May. [Accessed 04 September 2016]. Available at: <http://reason.com/blog/2016/05/06/the-legend-of-the-miami-cannibal-provide>
- Sumnall, H.R., Evans-Brown, M. and McVeigh, J. (2011) Social, policy, and public health perspectives on new psychoactive substances. *Drug Test Analysis* [online]. **3**, pp. 515–523. [Accessed 13 September 2014]. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/dta.310/abstract>
- Sumnall, H. R., McVeigh, J. and Evans-Brown, M. (2013) 'Epidemiology of use of NPS', in Dargan, P. I. and Wood, D. M. (eds), *Novel psychoactive substances: Classification, pharmacology and toxicology*. London: Academic Press. pp. 79-104
- Tomé, G., de Matos, M.G., Simões, C., Camacho, I. and Alves Diniz, J. (2012) How Can Peer Group Influence the Behavior of Adolescents: Explanatory Model. *Global Journal of Health Science* [online]. **4**(2), pp. 26-35. [Accessed June 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4777050/>
- Tran, M. (2009). Government drug adviser David Nutt sacked. *The Guardian* [online] 30 Oct. [Accessed 02 September 2016]. Available at: <https://www.theguardian.com/politics/2009/oct/30/drugs-adviser-david-nutt-sacked>
- Transform, (2014) Drug decriminalisation in Portugal: setting the record straight. Transform Getting drugs under control [online]. [Accessed 08 September 2015]. Available at: <http://www.tdpf.org.uk/blog/drug-decriminalisation-portugal-setting-record-straight>
- Travis, A. (2014). Legal High drug deaths Soar in UK. *The Guardian* [online]. 2 February. [Accessed 16 December 2015]. Available at: <http://www.theguardian.com/society/2014/feb/12/legal-high-drug-deaths-soar-uk>
- Thurnell-Read, T. (2015) Beer and belonging: real ale consumption, place and identity, in Thurnell-Read, T. (eds.). *Drinking dilemmas: space, culture and identity*. Abingdon: Routledge, pp.45-61
- Van Amsterdam, J. G., Nabben, T., Keiman, D., Hannschoten, G. and Korf, D. (2015) Exploring the Attractiveness of New Psychoactive Substances (NPS) among Experienced Drug Users. *Journal Of Psychoactive Drugs* [online]. **47** (3), pp. 177-81. [Accessed 15 July 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26098724>

- Vandrey, R., Dunn, K., Fry, J. and Girling, E. (2012) A survey study to characterize use of Spice products (synthetic cannabinoids). *Drug and Alcohol Dependence*. [online]. **120**, pp. 238-241. [Accessed 07 April 2015]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/21835562>
- Van Hout, M. C. and Brennen, R. (2011) 'Heads held high': an exploratory study of legal highs in pre-legislation Ireland. *Journal of Ethnicity in Substance Abuse*. [online]. **10**(3), pp. 256-272. [Accessed 15 March 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/21888502>
- Vikhyat, S., Bebarta, V. S., Ramirez, S. and Varney, S. M. (2012) Spice: A New "Legal" Herbal Mixture Abused by Young Active Duty Military Personnel. *Substance Abuse* [online]. **33**, pp. 191–194. [Accessed 25 November 2015]. Available at: <https://pdfs.semanticscholar.org/9358/dae3d64a5709dc18bc482fa84e24d9f427fb.pdf>
- Waldorf, D. (1993) Don't be your own best customer: Drug use of San Francisco gang drug sellers. *Crime, Law and Social Change* [online]. **19**, pp. 1–15. [Accessed 21 December 2015]. Available at: <https://link.springer.com/article/10.1007/BF01307754>
- Walker, M.T. (2006). The Social Construction of Mental Illness and its Implications for the Recovery Model. *International Journal of Psychosocial Rehabilitation* [online]. **10**(1), 71-87. [Accessed 07 August 2017]. Available at: [http://www.psychosocial.com/IJPR\\_10/Social\\_Construction\\_of\\_MI\\_and\\_Implications\\_for\\_Recovery\\_Walker.html](http://www.psychosocial.com/IJPR_10/Social_Construction_of_MI_and_Implications_for_Recovery_Walker.html)
- Warner, J. (2016). How Legalising Marijuana Might Stave Off 'Spice' Epidemics [online]. [Accessed 20 August 2017]. Available at: [https://motherboard.vice.com/en\\_us/article/gv5dkb/legal-marijuana-vs-spice-k2-synthetic-weed](https://motherboard.vice.com/en_us/article/gv5dkb/legal-marijuana-vs-spice-k2-synthetic-weed)
- Warr, D. J. (2005). "It was fun... but we don't usually talk about these things": Analyzing sociable interaction in focus groups. *Qualitative Inquiry* [online]. **11**(2), 200-225. [Accessed 13 August 2014]. Available at: <http://journals.sagepub.com/doi/abs/10.1177/1077800404273412>
- Watt, N. (2016) Tim Farron calls for legalisation of cannabis for recreational use. *The Guardian* [online]. 11 February. [Accessed 15 March 2017]. Available at: <https://www.theguardian.com/society/2016/feb/11/tim-farron-legalisation-cannabis-recreational-use>
- Wedgwood, N (2009) Connell's theory of masculinity – its origins and influences on the study of gender. *Journal of Gender Studies*, **18**(4), pp. 329-339. [Accessed 01 November 2018]. Available at: <https://www.tandfonline.com/doi/abs/10.1080/09589230903260001>
- West, C., and Zimmerman, D. (1987) Doing Gender. *Gender and Society* [online]. **1**(2), pp. 125-151. [Accessed 15 November 2018]. Available at: <http://www.jstor.org/stable/189945>
- Wiles, R., Crow, G., Heath, S. and Charles, V. (2006) Anonymity and Confidentiality. *ESRC National Centre for Research Methods* [online]. [Accessed 01 December 2015]. Available at: [http://eprints.ncrm.ac.uk/423/1/0206\\_anonymity%2520and%2520confidentiality.pdf](http://eprints.ncrm.ac.uk/423/1/0206_anonymity%2520and%2520confidentiality.pdf)
- Wilson, B. (2006) *Fight, flight or chill: subcultures. Youth and Rave into the 21<sup>st</sup> Century*. Montreal: McGill- Queen's University Press

Winstock, A. (2011) Drugs survey. *MixMag*. **238**, pp. 49–59

Winstock, A. and Barratt, M. (2013) Synthetic cannabis: A comparison of patterns of use and effect profile with natural cannabis in a large global sample. *Drug and Alcohol Dependence* [online]. **131**, pp.106-111. [Accessed 1 December 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/23291209>

Winstock, A., Lynskey, M., Borschmann, R. and Waldron, J. (2015) Risk of emergency medical treatment following consumption of cannabis or synthetic cannabinoids in a large global sample. *Journal of Psychopharmacology* [online], **29**(6), pp. 698-703. [Accessed 20 April 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25759401>

Wood, D. M., Hunter, L., Measham, F. and Dargan, P. I. (2012) Limited use of novel psychoactive substances in South London nightclubs. *Quarterly Journal of Medicine* [online]. **105**, pp. 959-964. [Accessed 09 June 2014]. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22718853>

Yan, J. and Brocksen, S. (2013) Adolescent risk perception, substance use, and educational attainment. *Journal of Risk Research* [online]. **16**(8), pp. 1037-1055. [Accessed 30 April 2014]. Available at: <http://www.tandfonline.com>

Zarei N, Joulaei H, Darabi E, Fararouei M. (2015) Stigmatized Attitude of Healthcare Providers: A Barrier for Delivering Health Services to HIV Positive Patients. *International Journal of Community Based Nursing and Midwifery* [online]. 3(4):292-300. [Accessed 03 March 2016]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4591575/>

## **Appendix 1. The literature search**

A comprehensive search of identified databases (Arts & Humanities Citation Index; BMJ Journals Online; CINAHL; Internurse; ISI Web of Knowledge; JSTOR; Psychological and Behavioural Sciences Collection; PsycINFO; PubMed; Social Science Citation Index) was conducted using the key words “novel psychoactive substances”, “legal highs”, “substance use”, “young people”, “adolescents”, “perceptions’. This search was augmented with a review of the bibliographies of related articles. This found over 4250 articles in the initial search. In relation to ‘substance use’ and ‘young people’ only the 11 articles (duplicates removed) that related or linked to ‘perceptions’ were included. From additional online searches used to selectively identify the material that met the inclusion criteria of a) those published within a 13-year timeframe (2004 – 2017), and b) those directly exploring the NPS/ legal highs and young people, resulted in a further 83 articles being selected for analysis. The timeframe was imposed for practical reasons due to recent popularity of NPS in the last decade.

### INFORMATION SHEET FOR YOUNG PEOPLE'S FOCUS GROUPS

#### **Study title**

An exploration into young people's perceptions of Novel Psychoactive Substances (NPS) 'legal highs'

#### **Invitation paragraph**

*You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends, / relatives. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.*

#### **What is the purpose of the study?**

This research will look at the perceptions of young people on the use of 'legal highs' and their understanding of this topic. We would like to hear your opinions of 'legal highs', what you know about them, how safe you think they are, what you think are the risks and where you would find information on them. So we are inviting you to take part in a group discussion with other young people

#### **Why have I been chosen?**

I want to speak to a range of young people between the ages of 16 and 24 years old.

#### **Do I have to take part?**

**Participation in this discussion is entirely voluntary.**

It is up to you to decide whether or not to take part. If you decide you would like to take part, you will be given this information sheet and asked to sign a consent form. You can decide not to be involved in the research at any time and will not be asked to give a reason why. Participants can withdraw at any time up until data analysis

#### **What will happen if I decide to take part?**

Discussions will take place in small groups. Staff will not participate in the focus group but will be available on the premises to assist the researcher. Everyone in the group will be given the chance to speak. The discussion will last no longer than an hour. There will be ground rules clearly stated at the start of each focus group

#### **What are the potential benefits of taking part?**

There are no direct benefits from taking part in the study however gaining insight into young people's understanding of "legal highs" may help shape the information provided on Novel Psychoactive Substances and the way this information is effectively delivered. The findings may also help improve existing interventions and inform future research

#### **Are there any risks involved?**

There are no expected risks to taking part in the group discussion

### **Will my taking part in the study be kept confidential?**

All the information you give us will be **strictly confidential**. This means that your answers are private between you, us and other young people who take part in the group discussion. Young people who attend the group discussion will be asked to keep the conversations private. However, should a participant suggest, imply or state that they or another young person is a risk of harm then this information will be shared with an appropriate member of staff or external service. The researcher shall abide by the organisation's policies around safeguarding and confidentiality.

With your permission I will audio record the group discussion. Once the recording has been written up, the audio files will be destroyed. No names will be used in the written transcript and only the research team will have access to both this and the recording.

### **What will happen at the end of the research study?**

The findings from the study will be written up in a summary and will be sent to the organisations involved in the research. If you wish to receive a summary, please contact Jodie Freeman.

### **What if I have a problem or concern?**

If you have any questions, you can ask them now or later. If you have a concern about any aspect of this study, you should ask to speak with the researcher who will do their best to answer your questions. If you wish to find out further information or have any questions please contact the relevant service below. All enquiries will be treated with complete confidentiality.

**Wirral contact:** Response team: 0151 666 4123

**Liverpool city region contact:** Young Addaction: 0151 706 9747

<https://www.facebook.com/youngaddaction?ref=hl>

**General information: Talk to Frank drug information service.** You can contact this service either by telephone: 0300 123 6600 or visit <http://www.talktofrank.com/contact-frank>

### **Who has reviewed the study?**

This study is being carried out as a part of a Doctoral thesis as I am a student of the University of Wolverhampton. This research has been reviewed by the University of Wolverhampton's Research Ethics Committee

### **Contact for further information**

Jodie Freeman, School of Health and Wellbeing, University of Wolverhampton

ML109, Deanery Row, Off Molineux Street, Wolverhampton, WV1 1AD

Telephone: [redacted] Email: [redacted]

### **Thank you for taking part in this study**

## Appendix 3

### CONSENT FORM

**Title of Project:** An exploration of young people's perceptions on the use of Novel Psychoactive Substances (NPS) 'legal highs'

**Name of Researcher:** Jodie Freeman

**Please initial boxes**

1. I confirm that I have read and understand the information sheet dated ..... the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. [Participants can withdraw until data analysis begins.](#)
3. I understand that my data will be stored securely and confidentially and that I will not be identifiable in any report or publication
4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission
5. I agree for my interview to be tape recorded and for the data to be used for the purpose of this study.
6. I agree to take part in the above study.

☐☐☐☐☐☐

Name

Date

Signature

.....

.....

.....

Jodie Freeman

.....

.....

Researcher

Date

Signature



## **Appendix 4. Ground rules for the focus groups**

1. There are no right or wrong answers, only differing points of view. You don't need to share your personal experiences. Please be respectful of one another, be patient and listen, one person speaking at a time.
2. Please let everyone who wants to speak have a turn to speak. It is important for us to hear everyone's opinions
3. A tape recorder will be used so please turn your phone off. If you need to take a call, please go outside the room quietly
4. This discussion is confidential, what we talk about in this room stays in this room however as stated on the information sheet, if you disclose any information that suggests you are at risk to yourself or another person as stated in this organisation safe guarding policy I will have to inform the manager in this service.
5. You are free to withdraw at any point in this session, if at any time you want to leave, please quietly leave the session and a member of staff will wait outside if you have any questions
6. I can answer any questions you may have after the session. Please let me know if you would like any more information.

## **Appendix 5. Coding process of organisations and participants**

To ensure anonymity throughout the research process and meet the confidentiality requirements of the participating organisations the participants were coded as follows. All organisations asked not to be named in the research process.

Group 1. Supported living accommodation. Three males (initially four young people however one young person left before the session began) 22 -16 years (mean = 19.1 years). The fourth young person requested his details to be withdrawn.

G1SLAaM1 / G1SLAaM2 / G1SLAaM3

Group 2. Supported living accommodation. Three males 17 – 20 years (mean = 18.7 years)

G2SLAbM1 / G2SLAbM2 / G2SLAbM3

Group 3. Educational setting. Ten people; five females and five males 16 – 18 years (mean = 16.8 years)

G3EdaF1/ G3EdaF2/ G3EdaF3/ G3EdaF4/ G3EdaF5/ G3EdaM1/ G3EdaM2/  
G3EdaM3/ G3EdaM4/ G3Eda/M5

Group 4. Educational setting. Three females 16-17 years (mean = 16.3 years)

G4EdbF1/ G4EdbF2/ G4EdbF3

Group 5. Supported living accommodation. Seven males 16 – 21 years (mean =18.6 years)

G5SLAcM1/ G5SLAcM2/ G5SLAcM3/ G5SLAcM4/ G5SLAcM5/ G5SLAcM6/  
G5SLAcM7

Group 6. Supported living accommodation. Six people; four males and two females (16- 21 years (mean = 18.3)

G6SLAdM1/ G6SLAdM2/ G6SLAdM3/ G6SLAdM4/ G6SLAdF1/ G6SLAdF2

Group 7. Youth club. Eight males 16- 18 years (mean =16.9)

G7YCM1/ G7YCM2/ G7YCM3/ G7YCM4/ G7YCM5/ G7YCM6/ G7YCM7/  
G7YCM8

## Appendix 6. Final ethics approval letter



Resubmission - Approved

Date 18.03.15

Jodie Freeman  
University of Wolverhampton  
Faculty of Education, Health & Wellbeing

Dear Jodie Freeman (L Quinney and O Kozłowska)

**Re: An exploration into young people's and professional's perceptions on the use of Novel Psychoactive Substances (NPS) 'legal highs' : submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)**

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) has considered and reviewed your re-submission.

On review your Research Proposal was passed and the Panel believes that the ethical issues inherent in your study have been adequately considered and addressed. Therefore the Panel is giving you full ethical approval for your study (**Code 1 - Approved**). We would like to wish you every success with the project.

Yours sincerely

*H Paniagua*

Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM  
Chair – Ethics Panel

*D Chadwick*

Dr. D. Chadwick PhD, MSc, BA (Hons). PGCE, CPSYCHOL.  
Chair – Ethics Panel

## Appendix 7 Permission from Children and Young People's Department



Children and Young People's Department

Julia Hassall

Director

Deborah Gornik

Head of Targeted Services

Solar Campus,

235 Leasowe Road

Wallasey

CH45 8RE

To Jodie Freeman  
Centre for Public Health,  
Faculty of Education, Community & Health  
Liverpool John Moores University,  
Room 2.43, 2nd Floor, Henry Cotton Campus,  
15-21 Webster Street, Liverpool.  
L3 2ET

date

Dear Jodie,

Wirral Youth Support hereby consents to you accessing its youth provision for the purposes of engaging with young people aged 16 and over and conducting research regarding novel psychoactive substances.

Yours Sincerely

[Signature redacted]

Lindsay Davidson  
Senior Locality Manager Birkenhead

## Appendix 8 Letters of approval from participating organisations



Children & Young People's  
Department  
Julia Hassall  
Director

RESPONSE  
c/o Callister Youth Centre  
19 Argyle Street  
BIRKENHEAD  
Merseyside  
CH41 1AD  
Tel:0151-666 4123  
Fax:0151-666 3766

Response@wirral.gov.uk

date: 23<sup>rd</sup> April 2014

your ref: Wolverhampton ethics  
my ref: JMU ethics April 2014  
tel ext: 0151 666 4123

please ask for: Pat Rice

Dear Ms Jodie Freeman

I hereby give permission for Jodie Freeman to carry out research with young people and staff at the Response service. As manager of the service I have received the information about the research and I am happy for staff from Response to participate and all consenting young people age 16 – 19yrs .

Yours sincerely,



Pat Rice  
Head of Response

[Logo of hostel redacted]

[name and address of hostel redacted]

18.03.2014

Dear Sir/ Madam

I have given permission for Jodie Freeman to carry out research with the young people at [name of hostel redacted] hostel. We have been provided with information sheets and consent will be obtained by everyone who takes part. The young people that live at the project are 16+ years.

Thank you

Clare Ferris

[Name of hostel redacted] Deputy Manager

Jodie Freeman

07.03.2014

Dear Jodie,

This letter gives permission to access the service users of Young Addaction Liverpool for your research study on Novel Psychoactive Substances . We will arrange individual consent from each participant.

Yours Sincerely,



Conrad Foote

Community Engagement Team Leader

Young Addaction Liverpool

## **Appendix 9. Example of researcher focus group notes**

Today was a bit hard work but turned out to be a pretty successful discussion. Firstly, the staff hadn't arranged a private space for the focus group to take place. There were 8 young males between 16-18 years old and six of them appeared to be in a very close group. Two out of these young boys appeared the Alpha males of the group and tended to follow the others. One male was clearly their leader. The other two males appeared to not know this group and appeared to be a bit afraid to speak in front of them.

At the start the group, it took me 10 minutes to calm the everybody down and focus their concentration on the coming questions. There were many questions about confidentiality and a clear concern about talking about drugs to a person seen to be in authority. After 10 minutes I stopped the group and decided to explain more about the reason for the research, my background i.e. from Liverpool and that I was there as a researcher. I spoke directly to the group, but I also focused most of this on the male I assumed to be the leader of this group. This tactic seems to work, and we began the focus group again. When it would get too rowdy, the males in charge calmed the other males down.

This was one of the most useful sessions in relation to different perspectives discussion and a clear display of how discussions of ideas construct the truth of a concept between people. However, in the future I would have carried out a separate focus group with two young people that didn't know the larger group as they contributed very little and at some points looked a bit uncomfortable giving their opinions in front of the other males

I would also ensure that we had a private area as we were often disturbed by staff and other young people which not only disrupted the discussions as they didn't want to talk about drugs in front of staff but also made one or two members feel uncomfortable. I had asked the staff if there was a place to have the group privately, but they were not very cooperative. However overall, I think the session went as well as it could. I think next time I would bring along the youth leader just to answer questions at the end as many of the young people had questions about people they knew and what type of support was out there. I had invited him as I thought the young people from this neighbourhood would not talk at all with professional organisations that they had a mistrust of.



## Appendix 10. Example page in reflexive diary (re written in Word as indecipherable to other readers)

From the initial list of codes to come out of the data I searched for patterns and commonalities to create themes within the data. From this process 36 sub-groups were identified and then grouped into 8 core themes.

Initial coding resulted in this list which has been hierarchically structured into themes and sub themes.

1. Availability:
  - Buy in special shops
  - Internet
  - Peer groups
2. Identity construction
  - Cannabis compared to spice
  - Freedom to choose
  - Not seen as a REAL drug
  - Shame
  - disgust and stigma
  - Irresponsible drug use
  - Vulnerable
3. Perceived knowledge:
  - First-hand experience or friends
  - Internet
  - Media negative
  - Media positive
  - Perceived knowledge of substances: high level of SC and cannabis
  - TV as a source of knowledge                      high level of cannabis only
4. Perceived attractiveness:
  - little or no experience
  - Availability
  - Cost
  - Dangerous and fun
  - Legal status
  - Stronger dose
5. Perceived used population:
  - Anyone
  - Children
  - People already on drugs
  - People already in hostels
  - People in prison
  - People trying to reduce or stop taking drugs
  - Uninformed people
6. Risk:
  - It won't happen to me
  - Negative health consequences
  - Positive risk
  - Safety fear
  - Safety and legal status
  - Uninformed lack of knowledge
7. Types of support:
  - Drugs and Alcohol services
  - Suggestions for educational or support

## 8. Views on what the Government should do:

### Mistrust of system

These subgroups need to be reviewed and scrutinized as there doesn't seem to be as much data in some themes as others. Need to check quant and quality of evidence. I don't think is enough evidence and enough quotes to support some of the themes being a code on its own. It seems that some of the sub groups would fit together to make one sub code or belongs in a different theme. Need to review commonalities in the data and ensure there is enough evidence.

Initial thoughts:

Seems that theme number 7 and number 8 don't have enough information to be a theme at least in the most current analysis however they could fit into another theme or rename a theme. Possible theme change?

Attractiveness stems across two or even three themes. Need reduce some of the headings into one. Now this information is too spread out.

Appears to be relationship between SC compared to cannabis in identity and in risk. Need to explore that relationship.

Perceived knowledge seems to stand out from other sub themes. Review the data again.

## Appendix 11. Focus group Interview schedule (final)

### Group Questions

#### Welcome

My name is... and I would like to talk to you today about ... You don't need to share your personal experiences, it's about what you know and think about NPS. My role during our meeting is to ask questions and guide the discussion.

Before we start, I would like us to agree on some ground rules helping us through the discussion. (the researcher will read through the ground rules.

Do you have any questions?

If you don't have any more questions...

1. What is a legal high? **Prompts: What do you know about them? Names? What are the terms used to describe them? Are they different to illegal drugs?**

#### Definition of legal highs:

Legal highs are substances which produce the same or similar effects, to drugs such as cocaine, cannabis and ecstasy, but are not controlled under the Misuse of Drugs Act.

2. Why do you think they are called legal highs?  
**Prompt: Are they legal? How would you know if they were legal or not? What does the term legal high mean?**

#### Explanation of legal:

These new substances are not yet controlled because there is not enough research about them to base a decision on. However, more and more 'legal highs' are being researched to see what the dangers are and if they should be made illegal

3. Why do people take legal highs? What makes them attractive? **Prompt: is it the cost?/ availability?/ legal status?/ what are the effects?**
4. What kind of people take legal highs? **What would you think of your friend if they took a legal high?**
5. Where do you think people can buy them from? **(prompt: street, shops, internet)**
6. Do you think legal highs are safe? **Why/ why not? Are they safe because they are legal? If yes, Why? Are they safer than illegal drugs? If no, what are the risks? Why are they not safe?**
7. Media story report on harms/ bad experiences about people who have taken a legal high? (please see appendix 7). Now I would like us to read through a recent media

report, what do you think about it? If any of you thought that NPS are safe, have you changed your mind? **Prompt: Are they harmful? How can they harm people?**

8. Where do you/find out information about legal highs? **PROMPT: Do you think this information is correct? Where is the best place to find out information on legal highs?**
9. Now I would like us to look at this collection of recent media story about legal highs (please see appendix 9). **What do you think about it? Has it changed what you think? Do you think the stories are true?**
10. What information/ education would you like about legal highs? From who?
11. What is the role of the internet with legal highs? How much impact do you think it plays in the availability of the legal highs? How much Information does it provide and do you trust its accuracy?
12. Should the government do anything about legal highs **(Prompt: if anything; bans, age restrictions, licensing, decriminalisation)**
13. Do you think there is enough support for young people who take legal highs? **PROMPT: Is there enough information on safety? What would you do if you had a friend that wanted support or to stop? What would stop them from seeking help?**

(Note: a short questionnaire will also be circulated, collecting demographics before the session)

## Appendix 12. Media stories

<http://www.liverpoolecho.co.uk/news/liverpool-news/geebs-merseyside-police-warning-after-6717759>

<http://www.bbc.co.uk/news/10184803>

<http://www.dailymail.co.uk/news/article-2154692/Bath-salts-addict-filmed-overdosing-shocking-video-describes-evil-drug-Miami-Cannibal-taken-eating-victims-face-off.html>

<http://metro.co.uk/2012/06/14/legal-party-drug-benzo-made-teenager-run-naked-around-tesco-467610/>

## Appendix 13. Initial focus group interview schedule (before practice group)

### Welcome

My name is... and I would like to talk to you today about ... You don't need to share your personal experiences, it's about what you know and think about NPS. My role during our meeting is to ask questions and guide the discussion.

Before we start, I would like us to agree on some ground rules helping us through the discussion. (the researcher will read through the ground rules, appendix no...)

Do you have any questions?

If you don't have any more questions...

1. What is a legal high? Prompts: What do you know about them? Names? What are the terms used to describe them? Are they different to illegal drugs?

- . 2. Why do you think they are called legal highs?

Prompt: Are they legal? How would you know if they were legal or not?

### Explanation of legal:

These new substances are not yet controlled because there is not enough research about them to base a decision on. However, more and more 'legal highs' are being researched to see what the dangers are and if they should be made illegal

1. Why do people take legal highs? What makes them attractive? Prompt: is it the cost?/ availability?/ legal status?/ effects?
2. What kind of people take legal highs?
3. Where do you think people can buy them from? (prompt: street, shops, internet)
4. Do you think legal highs are safe? Why/ why not? Are they safe because they are legal? If yes, Why? Are they safer than illegal drugs? If no, what are the risks? Why are they not safe?
5. Media story report on harms/ bad experiences about people who have taken a legal high? (please see appendix 7). Now I would like us to read through a recent media report, what do you think about it? If any of you thought that NPS are safe, have you changed your mind? Prompt: Are they harmful? How can they harm people?
6. Where do you find out information about legal highs?
7. Now I would like us to look at this collection of recent media story about legal highs (please see appendix 9). What do you think about it? Has it changed what you think? Do you think the stories are true?

8. What information/ education would you like about legal highs? From who?
9. What is the role of the internet with legal highs? How much impact do you think it plays in the availability of the legal highs? How much Information does it provide and do you trust its accuracy?
10. Should the government do anything about legal highs (Prompt: if anything; bans, age restrictions, licensing, decriminalisation)

(Note: a short questionnaire will also be circulated, collecting demographics before the session)

## Appendix 14. Demographic Questionnaire

1. What is your date of birth? E.g. (1999). \_\_\_\_\_
2. What is your gender? (please circle) M / F Other \_\_\_\_\_ (please specify)
3. What is your postcode? \_\_\_\_\_
4. What is your ethnic group?

<b>A. White</b>			
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Any other white background		<input type="checkbox"/>	

<b>B. Mixed</b>			
White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>		
Any other mixed background	<input type="checkbox"/>		

<b>C. Asian/ Asian British</b>			
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		

<b>D. Black/ Caribbean/ Black British</b>			
African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Any other Black/ African/ Caribbean background		<input type="checkbox"/>	

<b>E. Other ethnic group</b>			
Arab	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

Version 2

08.07.14



## **Appendix 15. Example of focus group transcript**

R: So, what does the term legal high mean to you?

M1: spice

M2: we call it spice

M1: I know another name for that legal high stuff and it's called blue cheddar or something

R: so is it just spice that you know of? Have you heard of any other legal highs?

No response

R: do you think that they are different to illegal drugs?

M2: I've never touched it but I have seen people that have touched it that they've been in here and collapsed on the floor and one of the girls have had to call the

M3: as soon as they've smoked it people just start choking

R: so why do you think they are called legal highs?

M2: because there are [sic] nothing illegal in them and they can be bought over a shop counter not like in a regular shop but in some I watched a documentary on them

R: Do you think you would be able to tell the difference if it was a legal high or a

M2: yeah just by looking at it you can tell so like the way spice is you can tell that it's a legal high whereas it's hard to explain

R: ok so what does spice look like?

M1: Basel and it smells as well, it smells different

R: Why do you think that people take legal highs?

M2: because its legal and it's a lot cheaper

R: so, what makes them attractive?

M3: they are a lot cheaper and soon as you've had one toké on it it's like you've had 5 joints at once. So, you get more for your money

R: what are the effects of, I know we are just talking about spice now but what are the effects you've seen with legal highs

M1: people hitting the floor, then people just speaking slurred, it's like they've had a drink

G74CM7

R: so, what do you think a legal high is? *high label Disgust in voice*

G: a fucking dirty spice head *Anger*

G: it's just horrible *Disgust at face*

R: so just to clarify when talking about legal highs you're referring to spice

G: yeah, it's just horrible and dirty and I don't know why people do it *Disgust - big*

R: what else do you know about legal highs? *Highs*

G: Black mamba *Stigma*

G: these are legal highs that apparently replicate cannabis *Not comparable to Cannabis*

R: why are they called legal highs?

G: because they are legal, it's not meant to be smoked, not like green *Dangerous*

R: what are the difference? how would you know the difference? *comparing to cannabis*

G: smoke them and find out *Hit & sarcasm - said laughing*

G: black mamba Pandora's Box all mad ones *Knowledge of SC*

G: that's all just spice, that's all just people making money *Knowledge of SC*

G: but this other stuff it's crazy *dangerous / risky?*

R: what do you mean crazy can you explain? *Label - indicates risk*

G: it's weird if you smoke it, you know you've been spiced, it's bad that shit *Dangerous*

G: it looks like grass, if you smoke you've got to know what it is you're on to better just to smoke green (laughs) *to compare to Cannabis - HITS Cannabis at risk. better option.*

R: why do you think people take them then?

G: because they are crazy, this generation is fucked up *Stigma*

G: because they can't afford illegal highs *RESPONSIBLE*

R: so, it's about cost? *Cost - cheaper than Cannabis*

G: I've took it me.

R: ok you don't have to talk about any personal experiences.

G: I've took it and I'm happy to say I've only took it once *Stigma: distance*

G: it was fucking crazy, things were chasing me *risky / negative consequences*

R: what kind of people take legal highs

G: Bag heads *Label / alienated to heroin addicts*

• Labelling - Disgust. - alienated to Heroin

• No Sympathy.

• Stigma.

• Irresponsible b/l.

• Comparable to cannabis.

• Compared to cannabis - risky / dangerous.

• Risky - dangerous.

• Knowledge of Synthetic C.

• Knowledge of Cannabis

• Cannabis better option.

• Cost - cheaper than cannabis.

• No sympathy for users.

• Negative consequences.

• No tolerance attitude

G: no, you can't say that, that's just like saying what does a nonce look like, you don't know what a nonce look like, could be anyone - Doesn't discriminate identity.

R: Where do people buy them from?

G: the shops, Marley's and that (corner shop) availability.

G: nah it's not that spice coloured.

G: yeah, it's the same shit.

G: I've seen people have that.

R: Do you think they are safe?

G: yeah of course (in a very sarcastic voice) Risk - high Risk - knowledge of SC.

G: it's not safe you know it's all chemical, it's not fresh grown big haze buds Risk (compared to Cannabis).

G: mind you weed nowadays is full of loads of chemicals and we still smoke it knowledge of cannabis.

R: what do you mean?

G: well they add all this mad THC stuff, blows you head off Cannabis also Risky.

R: Do you think they (SC) are safer than illegal drugs?

G: no, no is it fuck compared to Cannabis - NOT safe.

R: what are the risks?

G: loads, it says on the back of it and the only reason they can sell it in shops is cos it says on it, do not use for human consumption, if inhaled call the poison doctor and the number Aware of the legal loophole.

R: have you seen any bad reactions to it?

Group: yeah Risk - negative conseq. perception of Risk is not affected by the legal status because it's not legal human complicit.

G: he was just hanging off fences and that got really messy unknown reactions.

R: so, what do you think people take it for?

G: you get really messy honestly unknown strong effects possible motivation.

R: do you think there's enough information on them? Do you think people know what they are going to do? What's going to happen when they take it?

G: well if they don't they soon will - no sympathy for potential users.

G: no one knows irresponsibly irresponsible behaviour.

R: so, here's a few media stories to look at

G: have you seen that liquid THC you can get

R: Do you think the media influences people's perceptions of legal highs

G: They are out of newspapers, so they are a load of nonsense because there's loads of shit in the paper no trust in the media.

R: Don't believe them.

- Perceived user population - anyone.
- Availability - Shops.
- Perceived knowledge - coloured.
- High Risk
- Knowledge of SC.
- Compared to Cannabis - Risky
- Not safe.
- Aware of legal Status loophole.
- Perception of Risk - links to legal status (NOT affected).
- unknown reactions - possibly attractive.
- unknown strong effects - possible motivation
- No sympathy for potential users.
- irresponsible behaviours.
- No trust in the media.



*Mixed knowledge base*

*Naive* *Save ppl's sympathy* *Naive - guilt by sympathy*

G: well people think they are getting weed when they buy it ✓  
 R: so you think that people think they are not getting legal highs but that they are getting weed?  
 G: no, I'm saying they are taking it thinking it is that - *Consent to Cannabis*  
 G: you know weed cos it stinks, this smells of pepper *Consent to weed. ppl think it's Cannabis*  
 R: where do you think people find out about legal highs?  
 G: Shops *Sofa*  
 R: where else would people find out about it  
 G: the only thing we need to know about it is don't touch it *Risk, Disgusted look*  
 R: but how do you know that or why do you think that  
 G: it's just common sense isn't it? *Present themselves as experts*  
 R: Do you think the government should do anything about legal highs  
 G: yeah ban them all  
 G: but they can't because it says not for human consumption  
 G they can cos they banned that MCAT  
 G: I could go to mine and probably make some kind of mad legal high  
 R: do you think there is enough support for people who take legal highs  
 G: I tried it once and I wouldn't do it again  
 G: bag heads. It's their own fault *Label. No sympathy*  
*irresponsible b/lk.*

*Naive users / potential users.*

- vulnerable ??
- No sympathy
- Compared to cannabis.
- Risk: ppl think it's cannabis
- Collecting knowledge base.
- Sources of information - shops.
- Risk - Mixed knowledge of SC.
- Disgust
- Present themselves as experts.
- No tolerance attitude.
- Label
- No sympathy
- "irresponsible b/lk."
- Knowledge of the legal landscape
- Risk.

## Appendix 17. Steps of *NVivo* guided thematic analysis

<b><i>NVivo</i> analysis steps</b>	<b>Description of analysis process implemented in the case study</b>
1. Initial coding	Detecting initial codes in the emergent thematic analysis.
2. Identifying and naming codes	Identifying further codes from the data in a structured style, including building on and integrating the initial emergent thematic analysis.
3. Storing codes in nodes in a structured system	Sorting and storing similarly related codes in coding nodes.
4. Comparative coding analysis	Comparative visual analysis of coding nodes with charts, or graphs, or tree maps generated in <i>NVivo</i> .
5. Exploring coding node relationships	Exploring coding nodes relationships via modelling of nodes.
6. Conceptualising and aggregating coding nodes	Grouping together coding nodes which are conceptually similar in a hierarchical sequence of child and parent nodes

## Appendix 18. Initial coding of transcript.

Working example of the development of the theme Stigma

Initial coding of transcript. Working example of the development of the theme Stigma

This excerpt highlights how the transcript evolved into themes from the manually annotated transcript and how a snapshot of these subgroups were categorised under a theme.

R: so what is a legal high?	
G: a fucking dirty spice head	<b>Kommentiert [JF1]:</b> DISGUST LABELLING
G: it's just horrible	<b>Kommentiert [JF2]:</b> STIGMA - DISGUST
R: so just to clarify when talking about legal highs you're referring to spice?	<b>Kommentiert [JF3]:</b> Disgust
G: yeah it's just horrible and dirty and I don't know why people do it	<b>Kommentiert [JF4R3]:</b> DISGUST
R: what else do you know about legal highs?	<b>Kommentiert [JF5]:</b> STIGMA-dirty IRRESPONSIBLE- I don't know why people do it
G: Black mamba	
R: why are they called legal highs?	
G: because they are legal, its not meant to be smoked, not like green	<b>Kommentiert [JF6]:</b> CANNABIS COMPARED TO SPICE DANGEROUS
R: what are the differences, how would you know the differences	
G: smoke them and find out	<b>Kommentiert [JF7]:</b> CANNABIS COMPARED TO SC
G: but this other stuff it's crazy	<b>Kommentiert [JF8]:</b> CANNABIS COMPARED TO SC
R: what do you mean crazy can you explain	<b>Kommentiert [JF9]:</b> COMPARED TO CANNABIS RISK - NEGATIVE CONSEQUENCES
G: it's weird if you smoke it, you know you've been spiced, its bad shit that	<b>Kommentiert [JF10]:</b> Compared to cannabis refers to effects
G: it looks like grass, if you smoke you've got to know what it is you're on to better just to smoke green (laughs)	<b>Kommentiert [JF11]:</b> Labels Refers to negative consequences Risk
R: why do you think people take them then?	<b>Kommentiert [JF12R11]:</b> RISKY/DANGEROUS LABELLING
G: because they are crazy, this generation is fucked up	
G: because they can't afford illegal highs	<b>Kommentiert [JF13]:</b> COMPARED TO CANNABIS DANGEROUS IRRESPONSIBLE
R: so, it's about cost?	
G: I've took it me,	<b>Kommentiert [JF14]:</b> IRRESPONSIBLE
R ok you don't have to talk about any personal experiences	<b>Kommentiert [JF15]:</b> IRRESPONSIBLE/STUPID
G: I've took it and I'm happy to say I've only took it once	<b>Kommentiert [JF16]:</b> Shame

## Page 2. Coded transcript

R: so, here's a few media stories to look at	
G: have you seen that liquid THC you can get	
R: Do you think the media influences people's perceptions of legal highs	
G: They are out of newspapers, so they are a load of nonsense because there's loads of shit in the paper	Kommentiert [FJ33]: No trust in the media
G: well people think they are getting weed when they buy it	Kommentiert [FJ34]: Naive users
R: so, you think that people think they are not getting legal highs but that they are getting weed?	
G: no, I'm saying they are taking it thinking it is that	Kommentiert [FJ35]: Vulnerable
G: you know weed cos it stinks, this smells of pepper	Kommentiert [FJ36]: Knowledge of SC Comparison to cannabis
R: where do you think people find out about legal highs?	
G: Shops	
R: where else would people find out about it	
G: the only thing we need to know about it is don't touch it	Kommentiert [FJ37]: Disgust Risk
R: but how do you know that or why do you think that	
G: it's just common sense isn't it?	Kommentiert [FJ38]: Knowledge. Experts
R: Do you think the government should do anything about legal highs	
G: yeah ban them all	Kommentiert [FJ39]: Dangerous
G: but they can't because it says not for human consumption	Kommentiert [FJ40]: Knowledge of legality
G they can cos they banned that MCAT	
G: I could go to mine and probably make some kind of mad legal high	
R: do you think there is enough support for people who take legal highs	
G: I tried it once and I wouldn't do it again	Kommentiert [FJ41]: Shame
G: bag heads. It's their own fault	Kommentiert [FJ42]: Label No sympathy Irresponsible behaviour



### Page 3. Coded transcript

G: it was fucking crazy, things were chasing me	Kommentiert [FJ17]: Risk Negative consequences
R: what kind of people take legal highs	
G: Bag heads	Kommentiert [FJ18]: Labelling Stigma
G: no, you can't say that, that's just like saying what does a nonce look like, you don't know what a nonce look like, could be anyone	Kommentiert [FJ19]: Demographic of user
R: Where do people buy them from?	
G: the shops, Marley's and that (corner shop)	Kommentiert [FJ20]: Availability
G: nah it's not that spice	
G: yeah, it's the same shit	Kommentiert [FJ21]: Knowledge of SC
G: I've seen people have that	
R: Do you think they are safe?	
G: yeah of course (in a very sarcastic voice)	Kommentiert [FJ22]: Risk
G: it's not safe you know it's all chemical, it's not fresh grown big haze buds	Kommentiert [FJ23]: Risk/dangerous Compared to cannabis
G: mind you weed nowadays is full of loads of chemicals and we still smoke it	Kommentiert [FJ24]: Knowledge of cannabis
R what do you mean?	
G: well they add all this mad THC stuff, blows you head off	Kommentiert [FJ25]: Knowledge of substances
R: Do you think they (SC) are safer than illegal drugs?	
G: no, no is it fuck	Kommentiert [FJ26]: Compared to cannabis Risk/safety
R: what are the risks?	
G: loads, it says on the back of it and the only reason they can sell it in shops is cos it says on it, do not use for human consumption. If inhaled call the poison doctor and the number	Kommentiert [FJ27]: RISK -LEGAL STATUS-AWARENESS RISK-DANGEROUS
R: have you seen any bad reactions to it?	
Group: yeah	
G: he was just hanging off fences and that got really messy	Kommentiert [FJ28]: Unknown effects Risks
R: so, what do you think people take it for?	
G: you get really messy honestly	Kommentiert [FJ29]: Strong dosage
R: do you think there's enough information on them? Do you think people know what they are going to do? What's going to happen when they take it	
G: well if they don't they soon will	Kommentiert [FJ30]: Lack of sympathy
G: no one knows	Kommentiert [FJ31]: Unknown effects
G: it's their own fault	Kommentiert [FJ32]: No sympathy Irresponsible behaviour



These initial codes (generated in *Nvivo*) were created after reflecting and defining the comments from the initial transcripts and reviewing the research aims.

Once the initial coding phase had been completed on each transcript. The sub groups were then broadly grouped into to potential themes. In this excerpt only, the sub themes under the initially coded core theme Identity (to be named stigma) are represented to highlight the ongoing coding process carried out by the researcher

(These were not the final subgroups represented under the theme Stigma)

## MAIN THEME

### IDENTITY

(which later evolved into **Stigma**)

## SUB GROUPS (coded comments)

### Disgust

*a fucking dirty spicehead*

*It's just horrible*

*Yeah, it's just horrible and dirty and I don't know people do it*

*the only thing we need to know about it is don't touch it*

### Shame

*I've only took it once*

*I tried it once and I wouldn't do it again*

### Labelling

*dirty spicehead*

*you know you've been spiced*

*bag heads. It's their own fault*

### Cannabis compared to SC

*it's not meant to be smoked, not like green*

*smoke them and find out*

*but this other stuff it's crazy*

*it looks like grass, if you smoke you've got to know what*

*it is your on to, better to just smoke green (laughs)*

### Irresponsible

*it's just horrible and dirty and I don't know why people do it*

*if you smoke you've got to know what it is you're on to, better just to smoke green*

*because they are crazy, this generation is fucked up*

*don't know, there's so many risks*

### Vulnerable

*no, I'm saying they are taking it thinking it is that*

*well people think they are getting weed when they buy it*

## Appendix 19. NVivo data extract (not complete) with direct coding in shame and disgust node

<Internals\\HG 080715> - § 5 references coded [3,39% Coverage]

Reference 1 - 0,19% Coverage

I've never touched it

Reference 2 - 0,28% Coverage

and I think he was a spice head

Reference 3 - 0,87% Coverage

no this is what we know about legal highs cos they are always sitting in town outside that shop  
(face in disgust)

Reference 4 - 0,90% Coverage

I just said then to me mate why would you take bath salts I mean it's a very unhinged thing to do.

Reference 5 - 1,14% Coverage

just the smell of spice knocks me sick and I wouldn't do it anyway cos I'd rather live longer than die off smoking some shit

<Internals\\HG group 3> - § 6 references coded [6,47% Coverage]

Reference 1 - 1,15% Coverage

G: orange clockwork and I don't many more of the names because I smoke cannabis myself so I wouldn't touch something like that

Reference 2 - 0,53% Coverage

G: the legal highs what they've got now should be illegal.

Reference 3 - 0,81% Coverage

G: not that I've noticed but I've only had a few incidences with it. I stay away from it

Reference 5 - 0,92% Coverage

G: no one would go and get those legal highs

G: exactly they should just get rid of them, burn them

Reference 6 - 1,73% Coverage

G: people need a comparison between the legal highs and the not legal highs that just shows that if you're going to take drugs just stick to weed at least it's better than spice or whatever

<Internals\\Interview using FG questions MALE 24> - § 4 references coded [11,00% Coverage]

Reference 2 - 2,87% Coverage

*I think younger people tend to take legal highs. It is my general opinion that if you are going to be a drug-taker, you will take drugs, illegal or otherwise. Legal highs are seen by my peer group as a 'dirty drug' – an opinion I tend to follow.*

<Internals\\PH 080715> - § 7 references coded [4,39% Coverage]

Reference 1 - 0,55% Coverage

and it says not for human consumption on it which I find hilarious

<Internals\\PH group 2> - § 4 references coded [6,86% Coverage]

Reference 1 - 1,11% Coverage

F: they look like those smack heads that you see on the door step in town that's what a few have looked like

Reference 4 - 3,82% Coverage

its young people because it's so easy to get it. It's completely different because I know adults that smoke weed you know 30-year olds 40-year olds that smoke weed, and they wouldn't even think of touching spice because obviously they are more clued up and they know even though it's cheap. Which I would if I was a kid and I was smoking weed and I could get something a bit cheaper

<Internals\\WC group 1> - § 9 references coded [13,77% Coverage]

Reference 1 - 0,76% Coverage

G: a fucking dirty spice head